



The Eclectic Review

A Monthly Journal

DEVOTED TO

Eclectic Medicine and Surgery.

GEORGE W. BOSKOWITZ, M. D., EDITOR,

ASSISTED BY THE

FACULTY OF THE ECLECTIC MEDICAL COLLEGE.

ADDRESS SUBSCRIPTIONS AND ALL BUSINESS LETTERS TO GEO. W. BOSKOWITZ, M. D.,
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No. 1



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THE ECLECTIC REVIEW

EDITED BY

G. W. BOSKOWITZ, M. D.,

With the assistance of the

Faculty of the Eclectic Medical College.

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EDITOR: G. W. BOSKOWITZ, M. D.

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GREETING.

The Review extends the season's greeting to its family of readers, wishing good cheer and happiness to all.

We feel that we have done some good—been helpful to many—and are thankful that we can record the year 1901 as a success. But our ambition is not satisfied. We hope to have every Eclectic in the East feel that they must have the "Review." We expect this year to surpass in usefulness the record of last year. We shall add several pages to the reading matter of the "Review," filled with short, practical articles and a query department under the direction of Dr. Pitts Edwin Howes. We therefore ask our readers who have not already sent in their dollar to fill out the subscription blank at the back of this number and to do it soon.

ECLECTIC PRACTICE.

Treat the patient and not the disease has now become such a truism that it seems more than superfluous to repeat the saying. But so strong had the habit become that by the language used our textbooks, reports of cases, etc., not only keep up the persistence of thought but it doubtless has a constant effect upon our action. One heads his article, "The Treatment of Tuberculosis, etc.," as if tuberculosis were a concrete reality, standing there apart from the patient and capable of being treated with no regard for the hundred modifying conditions existing in the tuberculous patient. We are mending our practice so that every such patient is now advised and treated according to any one or more of the hundred special and personal conditions existing. It is time that we should also correct our relevant expressions, because the language we use has its influence upon our acts and even upon our methods of treatment. In no case in truth do we treat sickness, but always the sick person, and we should speak as we act.

The above, taken from "American Medicine," deserves more than a passing notice. It is in line with the teaching of our school—contains the thought that we have been trying to inculcate—that each case is a study unto itself, and that the treatment cannot be the same for all, even though afflicted by the same disease that each individual case must be given the indicated remedy. This is the up-to-date Eclectic practice, and when so prominent a journal as "American Medicine" begins to find fault with the present nosology we may expect to see the line between schools gradually but positively fade away. King, Newton, Howe, Scudder, Goss all taught: "In no case to treat the sickness, but always the sick person."

JOSEPHUS HENRY GUNNING, M. D.

Prof. J. H. Gunning has accepted the Chair of Physiology in the Eclectic Medical College of the City of New York and the Board of Trustees extend their congratulations to Faculty, Alumnae and Students. Prof. Gunning has been many years active in the field of medicine and surgery, having graduated from the New York Homeopathic Medical College in 1867, from the Eclectic Medical College of the City of New York in 1868, and from the New York University in 1873. Since his first graduation in '67 he has always been enthusiastic in his work, a regular attendant for many years of his local and national medical organizations; is a close investigator and a prolific writer. Prof. Gunning was surgeon in the United States Army and Dean of Columbia School of Comparative Anatomy and is an educator of great practical experience. We feel sure that under the direction of this able scientist our students will continue their record for excellence in the department of physiology.

You get full value for your money by subscribing for the Review.

MASSAGE AND ITS RELATION TO SUGGESTIVE THERAPEUTICS.

By JOHN T. SIBLEY, A. M. M. D.

Read at the November meeting of the Eclectic Medical Society of the City and County of New York.

The excellent paper read by Dr. Herzog at the October meeting of the Society, and the interesting and instructive discussion that followed, have suggested the title of this paper.

There are several reasons why I always link these two subjects in my mind. Each has run the gauntlet of popular prejudice and professional contumely. Each has in spite of obstacles of every description pushed ahead, and by the weight of pure merit alone, forced the recognition that it now enjoys. The principal reason for associating these two subjects, is the fact, that in many cases, it is difficult to tell where one leaves off, and the other begins. Many cures attributed to massage, have been performed by Suggestive Therapeutics; and where we can successfully eliminate the element of suggestion we find usually that massage is, in whole or in part, a failure. It matters not however, by what name we call a thing, so long as it accomplishes the result we seek. Massage and Suggestive Therapeutics are not synonymous terms; for they differ widely, but they are so closely allied in some respects, that in treating of one, we touch on the other. It frequently happens in science and elsewhere, that the boundary line of one subject so overlaps that of others, that a careful consideration of one, necessitates, in a measure at least, consideration of the others. We cannot study in a scientific manner the subject of Pathology without encroaching on the domain of Physiology; and the subject of Pharmacy is coupled so closely with that of chemistry that they are inseparable.

Massage has been looked upon as a sort

of new-fangled affair, like the blue glass cure, and not worthy the consideration of a true scientist or student; but if we are to respect things on account of their age, let us doff our hats and made a profound generflection in the presence of this very aged system of therapeutics.

We have reason to believe that massage was used by the oldest nations of the earth, thousands of years ago. Authorities inform us that more than a hundred years ago, a Chinese book on massage was translated into French; and some claim that this book was the foundation of the modern system of massage and Swedish movements. The art seems to have originated with the Chinese, from whom the Japanese learned it; the latter improving it to the extent, that to-day the most expert practitioners of massage in the world, are to be found in Japan. History tell us that the most ancient nations of India and Persia employed massage with a high degree of skill; and in later days, the Greeks and Romans considered it of the greatest importance.

Hippocrates who lived several hundred years before the Christian era was an advocate of massage, and in his voluminous works frequent mention is made of it. Heroditus, who lived about the same time made so much use of passive exercise, that he has been styled the founder of "Medical Gymnastics." Asclepiades, one of the most eminent of Greek medical men, became so fully convinced of the value of massage, that in his last days of usefulness, he abandoned the use of drugs entirely. Gelsus a Roman physician of much renown, sometimes called the Roman Hippocrates was thoroughly familiar with massage in curing disease. Galen who had charge of the school of gladiators, made frequent use of massage in his practice. He bore the same relation to the gladiators that the trainer of to-day bears to the modern athlete. Galen found it necessary in the third cen-

tury to use massage in developing the physical body, and without it the gladiator of olden times would never have reached such a point in physical development; and the athlete of to-day who attempts to do without it will reap only the commiseration of his friends, instead of cash and medals.

The Laplanders, the Finns, the Maoris of New Zealand and the various races of the most widely distributed nations of the earth, have from the dawn of history, used massage in relieving pain and curing disease. My purpose in presenting this brief historical outline is to emphasize the fact that massage is not a thing of yesterday, but an old and tried system, that has had its advocates among the most intelligent and progressive people of all nations.

While the particular methods of administering massage have differed in different countries sometimes bordening on the senseless and ridiculous, sometimes by the touch of the human hand, sometimes by the use of clubs and switches, sometimes by pounding and rolling, its efficacy in curing disease, has been recognized at every period of the history of human race.

In many respects the history of psychotherapeutics is similar to that of massage; it is equally as old and doubly effective. In the early modern history of each, scientists especially in the medical profession did their utmost to decry and disparage both systems; and instead of being willing to meet the advocates of them in a spirit of fairness and candor, instead of recognizing the demand for careful scientific investigation, they refused to have anything to do with them, and left the whole field to the charlatans and quacks, who have used both as a cloak in the perpetration of many of the most monstrous and outrageous schemes of fraud and imposition, that human ingenuity ever devised, or human cupidity or caprice ever suggested. The medical pro-

fession is directly responsible for the fact that massage and hypnotism are in bad repute to-day.

Not that there are not many of the oldest and most conservative scientists and physicians of every land, advocating the use of both; but the abuse that was heaped upon them, so long and so persistently, and the misrepresentation maliciously and purposely done, that was made concerning them, so prejudiced the hopeless mind, that to place each where it belongs, among the most important of all therapeutic agents, to drag it from the mire of professional illiberality where it has been cast will require much time and hard work.

Each human being carries with him an indefinable, immeasurable something that has an influence over those with whom he comes in contact; and there is no longer any doubt that this something has a tremendous power over the functions and sensations of the physical body, and can be invoked under certain conditions and applied to the attention of human suffering and the curing of disease. The means at hand for demonstrating the existence of this power are so numerous and so readily accessible, that he who does not believe, can no longer be considered skeptical but simply ignorant.

Some have termed this power animal magnetism, and the possessor of such power is said to be magnetic. To my mind there is no such thing as animal magnetism, and I do not consider the touch of the hand nearly so effective as the sound of the voice. There is an idea innately conceived by the minds of most persons, that the human hand possesses a wonderful power for curing disease; and it is a well known fact that the various appliances that have been invented to take the place of the hand, and thereby relieve the masseur of a most laborious work, have been only partially successful in benefiting the physical body. I do not

mean to say that some of the cures of mechanico-therapeutics are not as remarkable as those of massage, but they are fewer in number.

The idea that the hand possesses curative power is universal; and when people come to believe that there is as much of such power in a jaming, jolting piece of wood, they will receive equal benefit from each, and not till then.

This belief in the power of the human hand to cure disease is especially prevalent among those of a religious disposition, for the sacred writings of all nations are replete with allusions to this power. I do not believe that the hand imparts to the enfeebled or diseased organism any fluidic emanation or other healing power. Its action is purely subjective. The magnetized tree of Mesmer was remarkably successful in curing various forms of disease; and when a drove of people seeking relief from their infirmities congregated by mistake beneath the spreading branches of a tree that had not been magnetized, the results were equally wonderful. Bernheim relates the case of a young woman who was troubled with nervous aphonia, and who was told that the trouble would yield immediately to electricity. The inductive apparatus was brought and placed near her. The physician then simply passed his hand over her throat, and said in a positive manner: "Now you can talk," and her voice was immediately restored. Charpignon tells of the case of a man who had a paralysis of the tongue, being unable to move it in the slightest manner. He had been treated for a long time by various methods, without receiving any benefit. He was told of a wonderful new invention that was always successful in cases of paralysis and that he would certainly be cured, when this new appliance was used on him. The physician then introduced the pocket thermometer into the patient's mouth, who thinking this was

the new instrument, immediately began moving his tongue and in less than a moment was shouting his joy at the top of his voice. I might enumerate many similar cases, some of which have occurred in my own practice, but these will suffice to demonstrate many cures are the results of suggestion, and nothing else.

The fact that cases in the practice of every physician do not yield in the same degree, the same results, under the same treatment, has puzzled many an earnest thinker. These cases occur in all systems of practice, including massage and Suggestive Therapeutics. It is this seemingly contradictory condition that embarrasses the young practitioner; who from the general course of study he has pursued, and from his special training in materia medica and therapeutics, has a right to believe that certain causes will produce certain effects.

All the various systems of psychotherapeutics, faith cure, mind cure, Christian science, mesmerism, and hypnotism, founded on theories as widely different as it is possible for things to be present evidence that cannot be doubted for a moment, of cures performed that in any other age of the world would be considered miracles. The general law that makes all these things plain, and solves so many of the trying problems of therapeutics, is the same that throws such a flood of light over the whole field of psychology, and which is destined soon to revolutionize that science.

The question presents itself to the mind of every student and scientist, is not there some underlying principle that is common to all these various systems, some clear cut law, that will dissipate the mist of mystery with which they are surrounded and place them in the glowing light of common sense. Before answering this question, permit me to outline in a general way a proposition that is applicable to all phases of psychological

phenomena; a proposition that relates to man's dual nature.

We are possessed of two minds, one subjective, the other objective. The one the ego, the other, that other self. The former is that which takes cognizance of the material world through the five physical senses; the other perceives by intuition, independent of the physical senses; and is the intelligence manifested in the hypnotic subject, and which has control of the functions and sensation of the physical body. The subjective mind is always amenable to suggestion, and accepts as facts every statement that is presented to it. The complex phenomena of vegetative life, circulation, respiration, digestion nutrition and the active chemistry of the organism, are all under the control of the subjective mind. Disease is an abnormal condition that nature is continuously trying to correct, and can correct only through those special functions that take place, involuntarily, automatically and unconsciously; in other words, nature's weapon to fight disease or abnormal conditions is the operation of the subjective mind.

The remedy that produces the best results is that which assists the vegetative life, and it matters not whether that remedy be taken from a pill box, from the tips of the fingers, or from the storehouse of things psychological. There is no remedy in the pharmacopea more effective than the placebo, and the physician who has not learned this, and who does not keep a good supply on hand, is standing in his own light. The use of the placebo is not only justifiable but oftentimes positively indicated.

I am fully convinced that in a great many cases of abnormal physical conditions the method of administering the medicine has more to do with affecting a cure than any physiological or chemical action, and I am sometimes moved to exclaim with the osteopaths, "Let us cease

to discuss what medicine does for the body, and try to find out what the body does with the medicine." I have ceased to administer massage as such; that is to follow the various rules laid down by the authorities, or the methods used by the skilled masseur. In those cases where it is directed, I use a massage placebo, and where I formerly obtained results by great physical exertion, I usually get now the same results by appealing to the power that regulates the animal economy, the subjective consciousness. It is a well known fact that the various functions of the body can be materially modified through suggestion, in spite of the fact that the suggestion is opposed by nature. How reasonable it seems then, that when there is a perverted function, in other words disease, it should be corrected with nature and suggestion working in harmony.

It is not now how much pounding or kneading shall we do, but how can we best reach that consciousness that controls all the functions of the human organism. This can be frequently done while the patient is wide awake, and in every respect in a natural condition. When it cannot, when the barrier of auto-suggestion and inductive reasoning stand in the way, we must put the objective mind in abeyance and let the subjective take control; and when this is done the path to health and happiness, often narrow and tortuous, broadens out into a magnificent open highway.

Dr. Jacob Oshlag has been appointed one of the attending physicians at the Harlem Hospital, (Department Nose and Throat).

Prof. C. W. Fitch will conduct a free Clinic on Nervous Diseases at the Dispensary, 239 East 14th St., on Tuesdays, Thursdays, and Saturdays, at 9.30 A. M. Bring your patients.

CONDITIONS I HAVE FOUND IN APPENDICITIS.

BY C. WELLINGTON FITCH, M. D.

Read at the December meeting of the Eclectic Medical Society of the City and County of New York, 1901.

Mr President and Gentlemen of the Society:

To talk to you on a subject with which you are all so familiar seems rather ridiculous, but I have found so many peculiar conditions that I thought it would be wise perhaps, to mention some of the points, which, though insignificant in themselves, are nevertheless of vital importance. I have found conditions which might be considered almost impossible to exist, but which were actually present in a series of cases in which I had the pleasure of being called in as consultant.

I have found the appendix so dilated that it was impossible to tell which was the appendix and which was not, and, having found it in that condition, it has been a question in my mind whether that was not the explanation of its being present anyway, for, could it not be that nature or the good Lord had a little extra material that it was well to leave for an emergency, so that in case of impaction and filling in of that part it might distend, acting as safety valve, so to speak, to prevent rupture.

I have found the valve hypertrophied and greatly thickened, and mind you, I am speaking of cases that were diagnosed as appendicitis and where actual inflammation was present, but that was not the real fault—that was secondary, apparently.

In catarrhal conditions also of the same locality, where incisions were made, masses of hardened catarrhal matter the size of your fist had attached to the sides of the wall.

The colon also has been found to be so hardened from previous attacks of ap-

pendicitis that it was almost another organ. I have seen them almost an inch thick with a very small space through, and yet the function was being carried on with a certain degree of regularity, though there was more or less chronic pain which was diagnosed by different ones as appendicitis demanding an immediate operation.

I have found on the side of the small intestine before the ileocecal valve, a plug which would so obstruct the opening that not even gas could get through, always accompanied with inflammation and pain.

In the valve itself, a plug has been found the shape of a dumb-bell, hard on each side and acting in both ways as a plug.

Some of these cases of pain in the region of the appendix which had lasted for months, were accompanied by impaction near the centre of the transverse colon, and this had been diagnosed as a tumor which must be removed. In other cases, impaction of the sigmoid flexure was present, and this condition had also been diagnosed as a tumor demanding immediate removal. One case came very close home to our Society. The case had been slated for operation, but I removed from the rectum, in three sittings, a hard mass which weighed something like eight or nine pounds.

Upon another occasion when operating for abdominal hernia much to my surprise, the appendix was found in the strangulated sac.

Ulceration of the first part of the colon, not typhoid fever ulceration, but chronic inflammation with hardened wall, has from the symptoms, been erroneously diagnosed as appendicitis.

Again, in the region of the appendix many adhesive bands have been found which had walled in pus pockets resulting from several previous inflammations, months and even years having passed between these attacks.

As to the size of the appendix, one case measured 6 by 3 inches.

Often cases called appendicitis have proved to be localized peritonitis, and in two cases the ovary was at fault and not directly the appendix.

In the treatment of most of these cases little relief was found from local applications. The method of treating in Germany, by the use of ice, was used in most of the cases at some stage; heat was applied in others, but the most comfort was derived from the application of moist heat—the towel wrung out of hot water.

In the proper cases large doses of Epsom salts were administered, two or three ounces, one ounce at a time, followed in nearly every case by prompt relief upon the discharge of the pent-up secretions.

The specifics were used to control conditions, *rhus* always; at one stage, perhaps *bryonia*; at another, if the fever was intense, *aconite*; *phosphorus* to promote peristalsis; for the immediate relief of pain, hypodermic injection of *morphine*.

Intestinal massage was also used in most of these cases. In the cases where the impaction was on the side of the small intestine, it was applied along that tract, and in the cases where the impaction was on the side of the colon, it was easily dislodged. An occasional case was treated in addition to this, by faradic massage, so to speak.

I recall especially the case of a Spanish minister whose bedside was surrounded by five or six prominent men, the operating instruments on the table, when, as a last resort, a rectal tube was inserted and a bottle of *vichy* fastened to the other end. As a result of the gas distending the bowl and the irritation from the gaseous solution, a complete emptying of the intestine took place and the man's life was saved.

Now as to operation, every one has his views as to that. My idea is when there is pus beyond a doubt, put the knife in—

let the pus out and make your operation as quickly as possible. If you find gangrene has taken place you know what the prognosis of that case will be. If you find that you have a damming off of the pus from the abdominal cavity, localizing it, then of course let it out, but never cut the band—nature put that there for a purpose.

Since my last operation I have been able to save twenty-eight cases from the knife, without, so far, any recurrence.

THUJA—SAW PALMETTO.

BY FINLEY ELLINGWOOD, M. D.

Arbor vitæ or *thuja* must be studied faithfully by each physician. It has an important place in our therapeutics.

In its first uses, by the older physicians, it was applied to structural diseases of the skin, such as warts and small tumors, and was used also in epithelioma and excrescence. Finally it was advised in the treatment of *nævus maternus* and disfiguring molds and other excrescence.

Prof. A. J. Howe made a very careful study of the remedy and greatly enlarged its field of usefulness. A drop or two of specific *thuja* given every two hours, will cure urinary incontinence of old people. It will cure the bed-wetting habits of children and will regulate and strengthen the functional operations of the urinary apparatus. It must be given in non-inflammatory cases as it seems inclined to, first, intensify; second, certain forms of irritation and inflammation of the urethra and bladder.

It has been used in chancroid and in chancres, and is the only remedy used by many physicians in the treatment of hydrocele. The sac is first evacuated and a solution of *thuja* in equal volume of water is injected. This is allowed to remain a short time and is then drawn off.

The agent is used in rheumatism, especially that present during the course of syphilis. It is thought to exceed

other agents in the treatment of this condition. In the treatment of hemorrhoids, some of our physicians prefer the injection of thuja to any other substance, believing it produces less irritability and a larger percentage of cures.

Sabal serrulata or saw palmetto is a remedy that has come into very general use in the last few years in the treatment of diseases of the prostate gland. It was recommended at first as an agent that would invariably reduce the hypertrophied organ; but subsequent observation has proven that too much in this line was claimed for it. Where the organ has been chronically enlarged, the reduction is not plainly apparent, but it does increase the general tone and overcomes existing irritations. This influence is very apparent and in many cases very satisfactory; at the same time it increases the functional power of the organs, tending towards the restoration of the function in those cases where there has been more or less impairment. My observation proves that it will reduce the enlarged prostate where the disease has not existed for a great length of time. In all recent cases I have had very satisfactory results—so satisfactory that I have not always been able to induce the patient to continue the use of the remedy long enough to make the influence permanent, and have often had relapses that would not have occurred if I could have persuaded the patient to continue the use of the agent.

I would not fail to use it in the old standing cases but would not promise such satisfactory results. That it does restore the tone of the sexual apparatus and overcome impotency I am confident.

I have often obtained excellent results from its use when given alone, and have, at the same time, obtained good results from the use of *avena sativa*, but with neither remedy alone have I obtained as good results as with the two in combination.

I believe that the remedy influences the general lymphatic system to a limited extent, but especially influences the kidneys and bladder. In acute nephritis and in acute or chronic cystitis I would expect excellent results from the use of this remedy.

It may also be given in chronic gonorrhœa with the hope of ameliorating the symptoms; also in rickets in conjunction with *phytolacca decandra*.

Some of our physicians have advised it in atrophy of the prostate gland and testicles as well as in hypertrophy, and believe its results are as satisfactory.

As I have frequently stated, these remedies must be used alone until we familiarize ourselves with their influence.

Chicago, Ill.

McKINLEY'S TREATMENT.

By G. W. KING, M. D.

The worthless, dangerous and unnecessary pistol which should long ago have been forced from the earth, and, especially, from progressive United States, more than shocked the world when it gave the preliminary cause for the death of the third chief magistrate of our nation. What greater memorial act, for the immortal Lincoln, the beloved Garfield and the greatly respected McKinley could Congress pass than that which would suppress the common useless and unsafe pistol?

There has been considerable criticism about what was done by President McKinley's numerous doctors, and there is room for more. It is proper to write, talk and act about any bad thing done to a great, good and generally loved man. William McKinley was in a very broad sense a public man and his physicians are not entitled to an exclusive opinion about his last treatment.

As painless surgery has become an established custom or necessity, the thought that the anæsthetic used during the opera-

tion upon the President's stomach may have caused serious damage to his nervous system, will be passed over with this statement: Not enough of fatal results have been attributed to anasthetics which should never be used without a strong reason.

That which needs severe criticism is the unnecessary attempt to nourish the President's body, and at the same time giving him those things which hindered digestion. How could six or more, attending physicians, (who have been credited with being first class) be so unwise and inconsistent, when many prayers were made for the patients recovery?

How could it be expected that God would respect petitions which were substantially asking Him to change the nature of opium, alcohol and some other dangerous things, and, also, annul proper laws of digestion, assimilation and care, or convert them into whimwhams? Even doctors, no matter of what grade, must not ignore God's practical goodness, or act foolishly and then not expect to take a fool's reward. "Do men gather grapes of thorns or figs of thistles?" It is mockery or worse to solicit the angels or inhabitants of heaven to grant favors for wrong-doing. Prayers should be made to medical colleges for them to impart good, practical common sense to their students. The prayers to colleges should not only be made in well-defined words, but the words should be backed up with unmistakable refusals or actions. The people told doctors to stop bleeding their patients to death and they quit. Queen Victoria refused to sign a public document which Gladstone insisted that she should sign and stated her importance by saying: "I am the Queen." Gladstone's reply was: "I am the people." Victoria remained Victoria and Gladstone was victorious. The necessities of the people are of as much or more consequence than the legitimate wants of their servants, the

doctors. It ought to be easy for the people to see the difference between good sense and nonsense. Sensible doctors should encourage the people to pray in the right way for needed reform. Of course, the fight will have to be harder than it was to stop bleeding. It was no great sacrifice for practicers of depletion to give up venesection, in as much as they could fix patients so they would not see or feel faults in treatment and destroy the power of the system to contend with disease, by the use of narcotics, intoxicants and ice. It is a very sad condition of things to confront when the most popular theory and practice of medicine is in opposition to Nature's known laws of life, health, disease and cure, and when many men who represent such theory, and practice are in the possession of superior talents. It is as certain that intoxicating brandy and whiskey, stupefying morphine dangerous calomel and unnecessary food taken into a stomach not in a condition for its reception do not aid but oppose the vis medicatrix nature, as it is sure that two added to two always give the result of four; therefore, McKinley's so-called medical treatment was depleting.

A stomach with two unsound wounds in it, should not have been called upon to do any work any more than an unmended broken leg which would be unfit for service. The President had enough flesh upon him that had been digested, which could have been used for running the animal machine, thus making it unnecessary to try to have a crippled stomach manufacture new material. The prevalent fear about starvation often leads to death. He needed pure hot water for washing out the stomach and aiding the system in freeing itself from any impurity, including gangrene, and also for assisting to float absorbed and life-sustaining adipose material about the body, where needed. Such water would not have required digestion. Much of it could have

been taken through the skin and by way of the bowels.

The President was given beef juice some of the time every hour, keeping a sore stomach in constant action. When in health he could not long keep in health by asking the stomach to digest oftener than three times a day.

The many pleasing results in cases of long fasting where water has been taken, and, also, the frequent cases of feeding where the appetite, digestion and assimilation have been suspended, while the patients, at the same time, have lost flesh, ought to teach very important lessons which are as sacred as any taught by the God of Nature.

The sixth day after the President's stomach had received two bullet holes and had been punctured several times with a surgeon's needle, some unneeded beef tea, toast, coffee and whiskey were put into it. The whiskey would not permit digestive action of the stomach while present. Also, morphine, a checker of healthy action was frequently administered. In fact, the nonsensical yet common desire was to have the President eat about one-half of the time and sleep the other half. Horrible is a small word enough to apply to such abuse of a patient. Even a severely cut finger should have sufficient time for healing before it is used, and nothing should be done to interfere with Nature's way of cure.

Memory sadly returns to the reports of the professional treatment which aided in giving fatality to Garfield's case. People who did not properly understand the nature of narcotics and intoxicants were deceived about the quietude of Garfield. The President of 1881 was dying at the hands of his nominal friends when they caused him with bad means to be very frequently, either in the condition of sleeping, going to sleep or waking up. The autopsy showed that the bullet which was not found in Garfield where the doctors

kept an open sore by probing, but was encysted and doing no harm; yet the best kind of a patient, that he was, could not endure narcotizing, more than eighty days. McKinley had no blood poisoning, peritonitis nor discouraging symptoms in the discovered and reported opinions of half a dozen physicians, yet his sore stomach could not endure stuffing, and professional popularity could not destroy the killing effects of morphine and other bad treatment.

Any person who understands the unsafe, injurious etc., nature of narcotics and intoxicants also understands that patients treated with them are not always much sick, but more or less drunk; and not always pleased with reports from such patients being quiet, easy, resting, sleeping and free from pain. Patients who can endure stupefaction and intoxication often give great and false notoriety of cures; yet, alas! who are manufacturing drug and liquor drunkards? Is there no moral side to the practice of medicine? Must man-made science, no matter how defective, be supreme authority?

In the post-mortem report of McKinley's death it was claimed that gangrene, along the track of the bullet, caused the fatality. Gangrene, mortification or, in other words the death of a small part does not necessarily lead to the death of the whole body if doctors will keep general killers away from their patients. There must not be too much sleeping in a house that is on fire. Likewise, when good Mother Nature has an important job on hand, in the house of flesh, she should not have her curing ways and means interfered with. It is very wrong to have the usual worry or sympathy about pain which is an effect of disease and not the cause. It would not be a very wild claim to make that more folks are killed from the effects of narcotics and intoxicants than from other pathological conditions. Also, it is easy to claim

that McKinley's treatment had more to do in giving a chance to report gangrene in the case than the bullet, because such treatment was in opposition to his vital forces or the power to suppress or remove gangrene.

McKinley, under the most reasonable kind of treatment, may not have been saved, yet as sure as bad is not good and that morphine, whiskey and too much feeding possess nothing of a curative nature, but are very injurious, the President was given no proper chance for recovery. Whenever there is a manifestation of so-called science, without good sense, there is either endurance or fatality. When will a very large part of the medical profession cease to do evil expecting that good may follow? Never while many doctors show more respect for present relief than for future good. Never while a kind of drugs and treatment is employed in sickness for weeks and months, when patients can endure it as long, which would be considered very dangerous to be given in health. Never while some doctors assume to be Nature's bosses instead of her servants. Never while many medical books and colleges have no soundness in their teachings about starvation and the laws of digestion and nutrition. Never while all doctors do not understand that when Nature has an important work of repairing and cleansing she suspends digestion and assimilation and draws upon the accumulated stock of flesh for sustaining life. Never while alcohol, in any form, is considered to be a medicine suitable for internal use. Never while many teachers of medical students do not appear to know that more good patients have been stuffed to death than ever were starved to death. Never while such students are taught to treat abnormal heat, regardless of its cause. Never while dangerous pain killers are considered to be of more consequence than safe pain curers.

The list of nevers could be extended, but it is long enough to show that there is far more needed progress in medicine than has been made during the last past fifty years. It is an unpleasant claim to make, yet it is supported by truth, which is often smothered, that very much of the glittering boast about medical reform and advancement is bosh or falsehood.

It will not be admitted that the expressions made in this paper are the overflow of a pessimist. To show an abuse or neglect of good practical sense should not be called wrong fault-finding. A mistake, error or blunder of a physician or any number of them, no matter how highly ranked, is not entitled to a cover. The more popular a fault the greater is the need of an exposure.

I have read a mislaid article, relating to the treatment of McKinley, which contained some good points, among which was a suggestion about like this: When another important person is injured have him spirited away to some by-place where he will not suffer many things of many physicians and where a common sense country doctor can be found.

King's Station, New York.

MEDICAL ORGANIZATION.

BY G. W. JOHNSON, M. D.

Feeling a deep interest in the medical profession as a whole, and particularly in the medical practice to which I adhere, I take pleasure in calling the attention of Eclectic physicians to the great importance of thorough organization. By organization the best interests of physician and patient are served; the beauties of our science are more brilliantly illuminated, and our efforts are best made to serve the needs that naturally arise in dealing with a departure from health.

It is often suggested how and when can we best serve the interests of our system of medicine? The answer is obvious.

Association of thought and reasoning gives us that brilliancy of correctness in undertaking and life-work, with the feeling and satisfaction of having done the best that could have been done under the circumstances. This perfection of purpose is best reached and maintained by association of reasoning and interchange of ideas along the lines of investigation to which our minds are best adapted. That encouragement in our undertakings which comes from interchange of thought is best reached and maintained by organization. He who holds himself aloof from association with those engaged in his profession or calling is the looser, and by this indifference he may fail to render valuable assistance to those whom he should take every precaution to guide aright.

We all need this support and encouragement that necessarily comes from common interests. By organization we can better maintain the principles that have become endeared to us by investigation, and through its elevating influences we are better able to cope with the many difficulties that naturally arise in the course of a professional life. Those of us who have been working to uphold the principles of Eclecticism for years are more sanguine now than ever before. We are satisfied with Eclectic teaching, and confidently believe it to be by far the most rational system of medicine that the human mind has yet conceived.

We are accused of being exclusive and representing a particular dogma, an accusation that stamps the man making it as one ignorant of the real principles of Eclecticism. We claim, and believe, to have an improved system of medicine. In making this claim we do not wish to be understood as opposing any system of medicine whose object is to contribute to a more perfect system. We are conscientious in our claims, and are perfectly willing to accord to any man the privilege of pursuing his medical studies

as he sees fit. We are in a position to ask our physicians to make every laudible effort to perfect organization in every State in the Union under Eclectic control. If a man is honest to himself and to the principles he represents he should use his influence towards instituting and maintaining medical societies in the different States. It is indeed a duty he owes to himself and to his patrons to do so.

The objects to be attained by thorough organization are: First, to maintain and further the interests of a system of medicine that has stood the test of the severest criticism. Second, that it will prove self-improving, and do much towards increasing and extending medical knowledge and skill. Third, by thorough organization we will be in position to give to the public the benefit of accumulated knowledge, which will result in measures for the prevention of disease. We are accused by some who would reflect upon our system of medicine that we proclaim a dogma and represent a creed. This I most positively deny. It is that feeling of resentment to any dogma or creed that first prompted our physicians to accord to themselves the privilege of delving into the science of medicine, without in any way being hampered in their research by preconceived ideas emanating from pompous authority. Our system does, and rightly, bear the stamp American. Eclecticism as taught and practiced to-day had its birth in America, and every effort put forward by our organizations have been in the interest of American medicine.

Church, State and community demand organized effort. They are alike profited by organization. The same is true of medicine. Organization is of incalculable value to any institution of whatsoever kind. Societies are formed for the purpose of giving strength and encouragement to their members. No man liveth

to himself in a profession without meeting the embarrassment of failure. We should rally to the importance of thorough organization and let not a single opportunity fail to meet with prompt acceptance. It is not for the purpose of giving material support to any medical organization alone that I appeal to you, but with the positive assurance that it will prove to your personal advantage. Some argue that it entails considerable expense to attend medical meetings. To offset this argument will state that I firmly believe it to be a good investment to attend medical meeting, thereby enabling one to keep abreast with medical progress. Every man needs a certain amount of recreation to fit him for his duties.. If you can get this, and at the same time receive that stimulus necessary to fit you for your work by attending these medical meetings, it seems to me to be a fair business proposition.

Those who oppose our system of medicine say: Your Beach, Scudder, King, Newton, Jones and Howe are gone. Their mission has been served, and there can be no further use for your system. Not so! The principles of Eclecticism are no less true now than when these master minds were contributing to perfecting the science of medicine. Those who have profited by their teaching are as profoundly interested in reform medicine as they were, and are endeavoring to enlarge upon the tenets of their teaching. It seems to me that it would be as good argument to suggest that a man whose name is Jones should change it to that of Smith because of the fact that he happens to live in a community of Smiths. Stand true to your colors. Be loyal to the principles the severest criticisms have failed to disprove. Contribute your mite to the upbuilding of our school. You can only do this by giving your aid toward maintaining our organizations and colleges. Let the pass-word be: Go on!

San Antonio, Texas.

PISCIDIA ERYTHRINA.

(JAMAICA DOGWOOD).

By O. H. ROHDE, M. D.

Read at the November meeting of the Specific Medication Club.

It is found in the West Indies and Florida. The part used is the bark of the root. A good description is given of the flora in King's American Dispensatory. Some fluid extracts are made from the bark of the tree. In this way it has been confounded with Dogwood bark, or cornus Florida, an entirely different drug. The properties possessed by Piscidia are very useful and to the busy practitioner fill many a want in family and even surgical practice. It has often been termed the vegetable opium. Ellingwood makes excellent mention of it as do most all of the Eclectic authors who sometimes speak of its value in surgical treatment in fractured bones. Potter's *Materia Medica* makes brief mention, showing native use of it in Jamaica to stupify fish and yet gives its action on brain and nerves, but without much recommendation to use. In Homœopathy decided use is made of it in Mother Tincture and dilutions. It is a useful drug for Eclectics and should be studied. As its action can readily be noted in neuralgia. Also on the system generally as an anodyne, sedative, an analgesic and hypnotic. It controls pain of reflex origin when aided by exaggerated motor changes. It aids sleep, relieves sciatica, rheumatism, asthma, bronchitis, nervous cough, chorea tetany, writers cramp, ovarian neuralgia, uterine neuralgia and itching parasitic skin disease. It is also a useful ally in dysentery or enteric disorders following fever. Its action is not as quick or direct as opium, yet it does not have that drying effect on tissues or organs that opium has. On the contrary it acts more or less as a sialagogue, as can easily be shown in odontalgia. Many cases of dental neuralgia are quickly relieved by soaking a pledget of cotton in

the tincture and placing some between the gums, the secretions are stimulated and pain relieved. The writer has used it in many obstetric cases for after-pains. Combining it with viburnum pruni and cimicifuga it affords relief very soon after taking and aids rest. Owing to its stimulating and soothing action it often aids flow of milk where secretions are slow in filling the ducts in the breast. Naturally its use will be found similar in dysmenorrhœa and kindred disorders. I have not used it for any eye weakness or inflammations. Mention of its use is made in King's Dispensatory, taken from several authorities. I have tried it in the auditory canal and as a lotion for tympanitis with good effect. It is useful to mix in with poultices in abscesses, boils, etc. It increases action of lobelia on flaxseed by stimulating moisture and allaying pain. It is not a drug of a wide range and can only be used where a soothing, restful action is called for. It makes an excellent combination with avena sativa, passiflora or *verat. Viride*, especially where the pulse is bounding. Should the pulse be feeble it must be given with caution in small doses and well diluted to avoid weakening the pulse still more. In such conditions an infusion is best given alone. \mathcal{R} . Tinct Jamaica Dogwood \mathfrak{z} ss. Aqua Bull Oss. Drink hot, then follow with other remedies. Some authorities say it will cause gastric disturbance or even convulsions when given in doses of Tincture \mathfrak{z} i or even \mathfrak{z} ss, or Fluid Ext. \mathfrak{z} ss. I have not had this experience as yet and have often given a full \mathfrak{z} dose in infusion. It makes an excellent lotion in chordee using \mathfrak{z} ss to Aqua pura cold one pint. Wet cloth well and wrap it around the organ and quick relief results. I believe it should be more generally used at the bedside of lying-in patients. It is a safe drug in "moderate doses" and does not effect heart of mother or child. A few drops in H_2O \mathfrak{z} iv with Lobelia and Gel-

semium or either alone will dull the aching nerves and aid labor in rigid os:—again, instead of using ether on the Vulva or perineum. To aid relaxation of tissues a hot solution of Dogwood has a numbing effect that is quickly apparent. It can also (the solution) be applied on heated napkins. A strength of Piscidia \mathfrak{z} j to Aqua Bull Oj is sufficient. I rarely use the fluid extract unless to lay a saturated cloth on an abscess or boil before lancing. The saturated tincture is better for general use and seems to act quicker on the various tissues to which it is applied. As stated it must be studied. Its value can easily be shown and if we find it replaces or helps to replace opium or morphine (which are often so readily and wrongly used) we have rendered some service to the sufferer and public at large.

The Eclectic school does not use opium and its derivatives to every case of suffering. The action of the various sedatives are thoroughly taught and in Hyoscyamus, Cypripedium, Passiflora, Pulsatilla, Lobelila, Grindelia, Lycopus, Damiana, Lupulin, etc., we have faithful allies, and with Jamaica Dogwood aid us to avoid opium and morphine medication. It is far safer for practitioner and patient to await results of simple narcotics than to bring on any desire or craving for opium compounds.

The fluid extract made by Parke, Davis & Co., the Merrell Chemical Co., Sharp & Dohme and others are well made. A good tincture made from 95° alcohol must have a clear yellowish red color and give a pricking cooling, numbing feel on the tongue. As stated its range of action is not wide but its uses are safe and always benefit.

Brooklyn, N. Y.

Dr. H. Scaison is delivering a most interesting course on Practical Pharmacy at the College. His hour is Saturday at 9.30 A. M. Come in and hear him.

A NEW THERMOMETER CASE.

We are glad to call the attention of our readers to this new useful and cleanly mode of carrying the clinical thermometer. The Norwich Pharmacal Co. deserve the thanks of the profession for this very sanitary and neat antiseptic thermometer case. The following is a description and a very good illustration of it:

This carries the thermometer immersed in an antiseptic solution and at the same time always available for use; is of convenient size and shape for vest pocket; will not leak or become broken in use; renders your thermometer sterile and keeps it so. It is, in effect, a pocket sterilizer; easy, automatic, and positive in its action. You simply return the thermometer to the case after use and it does the rest.

The illustration gives a fair idea of the simplicity of its construction. It measures complete about five inches in length and one-half inch in diameter. The lower



part, which holds the antiseptic solution, is a tube made of heavy glass of best quality, especially annealed to withstand hard knocks. The mouth of this tube is closed by a diaphragm, so constructed as to admit the insertion of the thermometer into the antiseptic solution. A simple but effective device makes a water-tight closure and prevents leakage.

The neck of this glass tube is reinforced by a band of hard rubber, to which is attached a chain, provided with a pin for fastening the case securely to the vest. The thermometer is securely fastened into a hard-rubber cap, which screws in to

the neck-band, making the apparatus complete.

To remove the thermometer from the case, it is only necessary to unscrew the cap, as shown in the cut. On withdrawal of the thermometer the diaphragm completely closes so that the antiseptic solution cannot run out, even though the case be inverted. The thermometer is returned to the case with equal ease. This is a practical invention for the reason that it is constructed of the fewest possible parts, all of which are renewable at slight expense, should they at any time become accidentally damaged.

DEPARTMENT OF

SPECIFIC THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

PLEURISY.

Acute inflammation of the serous covering of the lungs constitutes one of the many anxiety-producing diseases of our winter months. Its most common causes are exposure to severe cold and injuries. It is also frequently met with as a complication in eruptive fevers, pneumonia, bronchitis and rheumatism. As is well known, pleurisy usually begins with a more or less severe chill, which is soon followed by fever. There are sharp, lancinating pains in the chest, headache, suppressed hacking cough, with scanty expectoration. The respiratory movements become limited, and dyspnoea is marked. In the first stage the respiration is catching and irregular, the respiratory murmur is feeble and interrupted, and the respiratory movements on the affected side are considerably diminished. On auscultation marked friction sounds are easily

heard. In the stage of plastic exudation the vocal fremitus is faint, and there is dullness on percussion. Effusion may take place in a few days, and be followed by a modification of the pain, more difficult respiration, decreased fever, a softer pulse, and coldness of the extremities. The cough is troublesome, the expectoration profuse, and the patient soon becomes greatly prostrated. In the stage of effusion the physical signs largely depend upon the quantity of fluid exudation. The vocal fremitus is suppressed, and there is dullness over the location of the effusion. The respiratory sounds are diminished, or absent at or below the level of the fluid, and increased above this point.

The average duration of a case of pleurisy is eight or ten days, but death may occur during the first or second stages. In the first stage, when the fever is very high, the pain extremely severe and lancinating, the pulse wiry and quick, with delirium and labored respiration, death may take place within forty-eight hours. In cases resulting fatally in the stage of effusion the patient usually passes into a low form of fever, with delirium, gasping respiration, and, finally, coma. Some cases of pleuritis in which the symptoms are very severe and the temperature very high are almost certain to prove rapidly fatal.

In beginning the treatment of a case of pleurisy the proper sedative should be carefully selected. If the pulse is small and frequent aconite should be employed, but if the circulation is very active, with a full and bounding pulse, veratrum is the sedative demanded. Bryonia is almost always indicated in this disease, and will do more toward causing the absorption of a serous effusion than any other known medicament. Other remedies must be selected in accordance with the specific indications for their exhibition. Counter-irritation in the form of sinapisms may

be applied to the affected side with the expectation that a curative influence will thereby be exerted. In some cases it will be necessary to perform paracentesis in order to remove the serous or purulent effusion.

MEMBRANOUS CROUP.

In a series of able articles on Laryngitis in the *Medical Gleaner*, Dr. W. N. Mundy, in substance, says:

Pseudo-membranous Laryngitis, known also as membranous croup, true croup, and laryngeal diphtheria, has for years been a subject of much discussion, but it is now usually conceded that in a majority of cases it is diphtheritic in its nature. A membranous inflammation beginning in the larynx is almost always diphtheritic, and a laryngitis following a membranous inflammation of the tonsils, pharynx, or nose is always diphtheritic.

Pseudo-membranous laryngitis is a true inflammation of the larynx, attended with plastic exudation upon the mucous membrane, and the formation of a false membrane, varying in thickness and extent. The membrane is of a grayish-white or yellowish-white color, opaque, and of considerable tenacity of adhesion to the mucous membrane. In some cases it seem almost to form a part of it, and is detached with great difficulty; in others it is very loosely attached, and may be loosened and removed by simple pressure on the larynx externally. In a large majority of cases this false membrane is not of sufficient thickness to account for the arrest of the respiratory function, and we must regard the edema and swelling of the tissue beneath the membrane as a contributing cause.

The coming on of the attack of pseudo-membranous croup may sometimes be recognized for three or four days, or even a week. The child does not seem sick, and is playing about the house as usual, but has some cold, and a slight hoarseness

of voice and cough. We will notice, however, a peculiar metallic resonance to the voice, cry and cough, but more especially that there is a dry and whistling respiration. This is so marked that the breathing may be heard across the room. The attack of croup most frequently comes on at night. In the evening it is noticed that there is more hoarseness of the voice and the cough is somewhat croupal, but the child breathes pretty well and does not seem sick. As time passes the child becomes restless from difficult breathing, has slight attacks of cough in its sleep, which are clearly croupal. In another hour or two he awakes with a start and assumes a sitting position, evidently suffering much from difficult respiration, which is increased by the attacks of coughing. The respiration is sibilant or whistling, and difficult; the cough hoarse and metallic, the voice roughened or sunk to a whisper, and the cry shrill and piping; the skin is dry, the pulse hard and increased in frequency; urine scanty, and the patient restless and uneasy.

As the disease progresses there is a gradual increase of all these symptoms, but especially of difficult respiration, which is constant. The cough is spasmodic in its character, and when it comes on the patient suffers very greatly from want of air. With every inspiration there is a recession of the suprasternal fossa, and of the supraclavicular region and epigastrium. The child is restless and turns uneasily from side to side in its vain struggles to get more air. After a time evidences of asphyxia appear in the bluish lips and finger nails. The face is unusually pale, and may become cyanotic. The skin is covered with a clammy perspiration, and auscultation of the chest reveals much respiratory sounds instead of the vesicular murmur. Later there is a dulness of the nervous system, semi-stupor, and finally coma and death, which may be preceded by convulsions. In in-

fant the entire duration of the final attack will be from six to forty-eight hours. In older children the progress is slower, and the disease may last from two days to a week. The course is not always so regular. Improvement may follow the dislodgement of the membrane. This may only be temporary, as it reforms rapidly, with an aggravation of all the symptoms.

That it is a case of croup is evidenced by the peculiar cough and the change of the voice and cry; that it is pseudo-membranous croup by the constantly increasing difficulty of respiration, the marked dryness and sibilance in the sound of the air passing through the larynx, and in the peculiarly dry and metallic cough. Dryness and metallic resonance, in addition to the croupal cough and voice, are the diagnostic points. The dyspnea is to be distinguished from that of broncho-pneumonia, and from that caused by foreign bodies in the larynx. A preceding membranous inflammation of the tonsils or pharynx render the diagnosis certain.

The prognosis is unfavorable. Age is an important factor in determining it. The younger the child the more unfavorable it is, as owing to the small size of the trachea and larynx, stenosis sooner results. Unfavorable symptoms are increasing cyanosis, feeble and irregular pulse and the development of bronchitis or broncho-pneumonia.

The indications of treatment in this case are: To produce relaxation of the intrinsic muscles of the larynx, and thus give freedom to the respiration, while we pursue the main treatment; to lessen inflammatory action, and obtain free secretion of mucus, for the purpose of effecting the detachment of the false membrane; and finally to effect its removal. To fulfill the first indication, we employ inhalations of the vapor of water and vinegar, lime water, or a saturated solution of pepsin. With this we direct the

continuous application to the throat of flannel cloths wrung out of hot water, in the meanwhile bathing the throat with the compound stillingia liniment. These are important means and should never be neglected.

There are two plans of accomplishing the second indication. The one is by the use of specific veratrum viride or aconite, aided by inhalations of lime water, and is a very good treatment and much pleasanter than the use of nauseants. I prescribe the veratrum in the proportion of gtt. x to water $\mathfrak{z}\text{iv}$; a teaspoonful every fifteen minutes until it produces a marked influence upon the pulse, then in smaller doses to continue its effect. Aconite is preferred when the pulse is small and frequent, and is administered in the usual small doses: \mathcal{R} . Specific aconite, gtt. ij, water $\mathfrak{z}\text{iv}$; a teaspoonful every fifteen minutes. If the child is very sensitive to the action of the remedy the dose should be still further reduced, and if we find the lips dry and contracted, and the child grasping at the mouth with its hand, it should be suspended and veratrum substituted.

In alternation with this we use bichromate of potash, grs. j to water $\mathfrak{z}\text{iv}$; a teaspoonful every fifteen minutes to half hour, lessening the dose should it produce nausea. At times other remedies are called for, especially when there is diphtheria of the tonsils or pharynx, and they should be employed in accordance with specific indications.

The treatment requires time, and we must not get excited. If the patient is growing no worse, we should feel satisfied for a time; if there is but a slow improvement, as marked by more ease of respiration, a better circulation, warmth and moisture of feet, legs and forehead, we will feel encouraged and hold fast to the treatment. The use of lime water or a solution of pepsin as an inhalation is a very important part of this treatment. It

is claimed that it alone is sufficient to arrest the inflammatory action and cause the detachment of the membrane; and I have employed it with success when other means have failed. We use the steam atomizer or a croup kettle beneath a tent, and marked relief of the dyspnea follows its use. Even in fatal cases it gives some relief to the urgent symptoms. The inhalations should be repeated every fifteen or twenty minutes, as the urgency of the case demands.

Success in the treatment of pseudo-membranous croup, whatever means may be pursued, depends upon keeping the larynx relaxed to permit aeration of the blood, until in the course of time we get the detachment of the false membrane. It demands patience and perseverance in the use of the means named.

In cases that baffle our medical means either intubation or tracheotomy by relieving the difficulty of respiration, stays the fatal issue until the inflammatory action has subsided. Intubation, owing to its success and to the fact that it is not a cutting operation, has almost superseded the latter. The operation should not be delayed when indicated, which, in a few words, is the steady progress of the difficulty of respiration.

CHLORALAMID.

Description.—This agent is constructed by the interaction of chloral (not chloral hydrate) and formamide. Its chemical name is chloralum-formamidatum, but pharmacy requirements have shortened it into chloralamid. It is decomposed by alkalis and heat, and in water at 140° F. It should, therefore, never be given in hot water. It occurs in colorless crystals of a lusterless appearance and a bitter taste. The crystals are readily soluble in thirty parts of water at ordinary temperature, and rapidly unite with one and one-half parts of alcohol.

Dose.—15 to 60 grains one-half hour be-

fore bedtime. It takes effect in one hour.

Indications.—Sleeplessness of phthisis; delirium tremens and chronic alcoholism; sleeplessness of nervous patients and neurasthenics; gastric irritation, especially of reflex origin; seasickness; dysmenorrhoea; wakefulness of traumatic neurasthenia.

Chloralamid is highly recommended by eminent writers as a hypnotic in delirium and where the heart is weak and irregular. It is believed that it does not depress the heart or irritate the stomach. It has no cumulative effect, and it is said that there is no liability of a patient becoming addicted to its use. Its slightly bitter taste is scarcely worth consideration, but to disguise it an approved formula is:

R

Chloralamid, ʒij.

Whisky, ʒj.

Syrup raspberry, ʒj.

M. Sig. Half teaspoonful dose.

Lettow's prescription for an enema is:

R

Chloralamid, gr. 45.

Muriatic acid, gtt. 2.

Alcohol, m. 15.

Water, ʒiij.

A solution made with 12 grains in two and a half drachms of water may be used hypodermatically when such disorders as rectal carcinoma deprive a patient of sleep.

SUBSTITUTION.

The editor of the *Medical Record*, in speaking of the substitution of a different medicine or preparation for the remedy or preparation mentioned in the physician's prescription, says:

"Generally speaking the physician is the one to suffer most, as his disappointed client is apt to leave him for another. * * * The man who substitutes once will do so again. He has no conscience

to begin with, and nothing in fact to which an appeal can be made."

In commenting upon the foregoing facts, the editor of the *American Medical Journal* tersely suggests a remedy for this constantly increasing evil of substitution which should be universally adopted. He says:

"The only remedy we know of is for the Doctor to compound his own prescription. The Doctor can stop substitution and he alone can do so. Buy direct from the manufacturer and fill your own prescriptions. This will do away with dishonest druggists."

The "headache-powders" which are so extensively advertised and sold by retail druggists have in a number of instances occasioned death. Reputable physicians are afraid to make common use of such stuff, but the nostrum advertiser has neither fears nor scruples—an instance of ignorance and cupidity rushing in where knowledge fears to tread.

The prompt injection—hyprodermically—of twenty drops of ether will often prove a life-saving procedure in cases of sudden failure of the heart's action. Unless improvement becomes apparent within a few minutes the same dose should be repeated.

Acetanilid, phenacetin, phenocoll, lactophenin and antipyrin are minor pain alleviators, and indirectly they may produce sleep, but against each of them well authenticated charges of their causing heart interference and cyanosis have been made.

Antifebrin is by many believed to be only a proprietary form of acetanilid.

The Stillingia liniment bottle should be kept well filled. In some winter cases it is "the whole thing."

ECLECTIC MEDICAL SOCIETY OF
THE STATE OF NEW YORK—
OFFICE OF THE PRESI-
DENT.

Lysander, N. Y., Jan. 2, 1902.

To the Officers and Members of the Eclectic Medical Society of the State of New York:

But three months remain until our annual state meeting convenes in Albany. Don't forget the date, April 2.

There has been much to encourage Eclectics during the past year. Eclectic literature has multiplied amazingly, and—most encouraging fact—its quality has risen with the growth of its publications. A number of standard and most valuable Eclectic medical books, by the most eminent authors of our school, have appeared; and they are not only being read by ourselves, but are purchased and assiduously studied by the members of all other schools of medicine. A regular physician—an A. B. from Cornell University—recently said to me: "I have been reading an Eclectic Text Book, and am a convert to Specific Medication. I believe it to be the only scientific basis of therapeutics."

Our medical journals also show great improvement. The Review is worth double what it was two years ago, and we are promised it will be even better the coming year. Our journals are becoming a fad with our regular neighbors, and are now considered very valuable exchanges by the most conservative of old school editors.

The outlook is bright—never so bright before. The new century has a rare dawn of promise for Eclecticism.

This is a time for our best concerted effort. The annual meeting at Albany offers us a great opportunity. By all means be there *yourself*. Don't think there will be enough there without *you*. Positively, *there won't be*. We want *you*

there. If needful make a big sacrifice to be on hand. And if you know of an Eclectic who is slack in his medical loyalty reach him in some way and arrange with him to meet you in Albany. And if he persists in his slackness urge him—yea, prod him and goad him—until he awakes to a realizing sense of his duty as an Eclectic in the great State of New York. It will pay you to be on hand; it will pay him to be there. No doctor ever attended a medical meeting, and gave good heed to what was there to be seen and heard, who came away dissatisfied.

And we want you—*YOU*—to read a paper at that meeting. You have plenty of time to prepare a good one before April 2. Send the title of it at once, or as soon as you decide upon it, to Dr. S. A. Hardy, No. 239 East Thirty-second street, New York, our State Secretary, so that he may surely have it correctly listed when we arrive at Albany.

Don't put off preparing that paper. Select your subject *now*, and if you are pressed for time cogitate upon it as you pass from patient to patient, and spend five minutes each day in penning your best thoughts. In that simple way you will surprise yourself and please us by presenting an excellent paper at our annual meeting.

Remember the date—Tuesday, April 2, at 9 a. m. The Secretary will notify you of the place of meeting.

Fraternally yours,
F. P. SINCLAIR, M. D.,
President.

MASSACHUSETTS ECLECTIC MED-
ICAL SOCIETY.

The forty-first semi-annual meeting of the Massachusetts Eclectic Medical Society was held at the Thorndike, Wednesday, January 8, 1902, at 10 a. m. Interesting cases were reported by Drs. Miles, Russell, Abbott, Spencer, Chamberlin, Powe and Bullock which occasioned con-

siderable discussion and all present felt that they had had an interesting and profitable meeting.

PITTS EDWIN HOWES, M. D.,
Recording Secretary.
New York.

ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in its assembly rooms, No. 239 East Fourteenth Street, on Thursday evening, December 19, Dr. F. L. Morhard, president, in the chair, and Dr. Henry J. Doll, secretary, recording.

A communication from Dr. Lewis O. Stickel was read by the secretary, and ordered placed on file.

A motion to the effect that a memorial page be set apart in the minute book of the society in respect of the memory of the late Dr. James Hervey Bell, who for many years served as secretary of the Society, was unanimously carried.

The next order of business was the reading of annual reports by the secretary and treasurer.

By motion adopted the secretary's general report was ordered spread upon the minutes of the Society. The secretary's financial report and the treasurer's report were ordered to be given over to the auditing committee for inspection and approval.

Secretary's general report for the year 1901.—To the officers and members of the Eclectic Medical Society of the City and County of New York I beg to submit the following report: In the nine meetings held during the year nine papers were read and twenty-seven discussions held; sixteen cases presented and seven reported. There were also three special meetings held. The total attendance of mem-

bers during the year was one hundred and fifty-five. The total number of visitors twenty-five.

The essayist for the evening, Dr. Charles W. Fitch, read his paper entitled: "Appendicitis and its Treatment."

The paper was discussed by Drs. Boskowitz, Krausi, Thompson and C. W. Brandenburg.

On motion a vote of thanks was extended Dr. Fitch.

The Society then proceeded to the election of officers for the coming year. The president appointed a nominating committee consisting of Drs. Boskowitz, Hyde, Heeve and Morhard. The committee reported the following nominations: For President, Dr. Alferd W. Herzog; Vice-president, F. L. Morhard; Secretary, Dr. Henry J. Doll; Treasurer, Dr. George W. Thompson; Censors: Drs. Q. A. Hyde, Wm. L. Heeve, H. Scaison, M. R. Arvine, and C. Brandenburg, all of whom were regularly elected and so declared by the President.

The following resolution was unanimously adopted: "Resolved that we, the Eclectic Medical Society of the City and County of New York, hereby express our sense of appreciation to Dr. George W. Boskowitz for the admirable, commendable and disinterested manner in which he has furthered the interests and causes of Eclecticism in the Eclectic Review during the past year, and resolved that we hereby pledge our future support to Dr. Boskowitz in his efforts to maintain the peer of Eclectic Journals."

The report of the auditing committee was postponed to the next meeting.

A vote of thanks was unanimously extended to Dr. F. L. Morhard for his kindness and punctuality in presiding at the meeting.

About twenty-five members were present.

HENRY J. DOLL,
Secretary.

SELECTIONS.

BRIEF CONSIDERATION OF CASES
OF CANCER OF THE BREAST
TREATED AT THE JOHNS
HOPKINS HOSPITAL
SINCE 1889.

W. S. Halsted explained that in the Johns Hopkins Hospital drawings are made of all cases of cancer, and paintings are made of some. Some 320 cases of cancer of the breast have been operated upon in the above-named hospital since 1889, and about 150 of these during the past three years. There have been 450 cases of tumor of the breast since 1889; of these only 3 were sarcoma, and but one of these was primary. Adenocarcinoma is not very malignant, but always becomes malignant. Dr. Halsted explained the difficulty of compiling trustworthy statistics. Many hopeless cases were operated upon simply for temporary relief, and these should not be counted in with more hopeful cases. He had divided his cases into three groups: (1) those from which the axillary and supraclavicular glands were removed at the primary operation; (2) those from which the supraclavicular glands were not removed until a secondary operation; (3) those from which the supraclavicular glands were not removed at all. Local recurrence occurred in group (1) in 11 per cent., in group (2) in 20 per cent. and in group (3) in 9 per cent. of cases. In group (1) 45 per cent., in group (2) 33 per cent. and in group (3) 43 per cent. were cured. Intracanalicular myxomas and fibromas are often spoken of as sarcoma, but they are not such.—American Medicine.

A reliable sign in plumonary tuberculosis is increased whispering resonance long before it may otherwise be determined by the stethoscope or percussion. Medical Summary.

VERATRUM VIRIDE.

Dr. A. B. Isham asserts that the physicians of the past fifteen years are practically unacquainted with the virtues of this potent medicinal agent. The most striking of all the issues proceeding from a sufficient dose of veratrum viride is the profuse skin transpiration which acts promptly in lowering the temperature when it is above the normal. The drug induces in the heart muscle a retraction or contraction, which is a conservative process in that it squeezes out from the fibrils all waste and noxious products, brings the organ down from a distended over-acting state to one working in perfect order and to the best advantage. In this way it protects the heart muscles from the pathological changes that so often accompany toxemias. The author also points out that a reduction of the body heat to the normal, or approximately so, greatly retards the activity and multiplication of pathogenic organisms. At the same time phagocytosis continues energetically—a process of great consequence in overcoming toxemia. Veratrum viride proves a most excellent remedy in the toxemia of acute alcoholism.—Jour. A. M. A.

PUERPERAL ECLAMPSIA.

R. R. Kime, in the Atlanta Journal-Record of Medicine, says that veratrum viride is the safest and most certain remedy for controlling the convulsions. At the same time it favors elimination by diuresis and diaphoresis. It should be used hypodermically in five to ten-drop doses until the convulsions are controlled, and it should be continued by the mouth to prevent their return.

Veratrum administered as indicated above, and repeated in sufficient doses to hold the pulse near the normal range, with rapid clearing out of alimentary canal by use of calomel and salines, put

patient in most favorable condition for recovery. Emptying the uterus is, of course, an important consideration.

GASTRIC ULCER.

Operation in gastric ulcer should be done: (1) In all cases of perforation at the very earliest possible moment—also in subphrenic abscess; (2) in cases of hemorrhage; (a) when there is continual oozing of blood, especially if the stomach be dilated, and (b) in cases of repeated severe hemorrhage; (3) in cases in which there is severe pain and vomiting unaffected by treatment, and which is producing progressive emaciation; (4) in case of dilatation of the stomach from contraction within or from adhesions outside the stomach.—Medical Record.

The treatment of Gonorrhœa.—Dr. H. Strebel believes that the essential elements of successful of an acute gonorrhœa are drainage and the constant presence in the urethra of a bactericidal agent which will not damage the urethral epithelium. He has devised an instrument for these purposes. A thick elastic rubber tube of varying length, depending upon the seat of the disease, is provided with numerous openings. About an inch from the distal end a rubber hemisphere is placed for the reception of the penis. The tube is placed in the urethra with the aid of a guide if necessary, and the penis is enclosed in the receptacle provided for it. Through the open end of the tube the desired fluid is injected and it is retained by a clamp. It is allowed to remain as long as it is thought desirable. The apparatus is further made water-tight by fastening the receptacle for the penis to that organ by an adhesive strap or rubber band. By the gentle pressure excited, the urethral folds are so distended as to bring the antiseptic fluid into contact with all parts of the ure-

thra, and the mingling of the pus and the normal secretions of the urethra is fostered, which the author considers most important. When the pus is finally freed from gonococci, astringent solutions may be used, and the author sees in the constant presence of such a solution a greater advantage than in the occasional injection of an astringent fluid, as is at present customary. There is a prophylactic use for the instrument in instituting early drainage. The author uses solutions of quinine and glycerin, protargol, pyoctanin, and ichthyol. He prefers the combination of pyoctanin and glycerin as being least irritating to the urethra, very decidedly bactericidal, and fostering the diffusion of pus and urethral secretion. He advises for subacute and chronic gonorrhœa the employment of urethral bougies (urethrophores) containing protargol and glycerin or nitrate of silver and glycerin. These are placed in the urethra and allowed to dissolve. They may also be used, in a modified form, as a prophylactic against gonorrhœa, the urethral canal as well as the glans penis being anointed with the soluble material.—*Deutsche Medizinische Zeitung*, August 27, 1900.

ITEMS.

Be sure to read the Advertisements in this number. You may find something you really need.

Dr. M. J. Jackson was elected Coroner in New York Co.

Fill out the Subscription blank, enclose your dollar and send to 140 West 71st St. We'll do the rest.

The meetings of our County Society for 1901 were interesting, instructive and well-attended, but we believe they will be even better in 1902 under the able directorship of President Herzog.

THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

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THE NEW YORK STATE MEETING.

Every member who has read President Sinclair's call for the annual meeting on April 2nd, must be gratified at the encouragement, hopefulness and success therein expressed, and all should appreciate that with so earnest, intelligent and enthusiastic presiding officer, the meeting cannot help but be interesting, instructive and of benefit to those attending. Drs. Thompson, Krausi, Brandenburg, Liston and King have been appointed committee of arrangements.

ORIGINAL RESEARCH.

Mr. A. Carnegie by his donation of ten million dollars to the United States for the founding of an institution of learning in Washington has conferred a gift, the great importance of which few of us realize to-day. Although the full outline of the plan of the institution has not been published we believe it has been stated that one of the principal objects of the generous donor was to encourage original research along all lines and that at the institution at Washington special opportunities will be afforded for research and investigation such as are enjoyed in European countries, but at present, only to a very limited extent in the United States. Humanity will be benefited generally by this munificent gift.

GEO. COVERT, M. D.

Dr. Geo. Covert, of Clinton, Wisconsin, died on Thursday morning, January 10th, after an illness of seven weeks.

The Doctor was one of the pioneers of Eclecticism in the Northwest, and for half a century he has advocated and practiced its principles. For many years he has been one of the pillars of our National Association, and one of the closest and best observers and a writer with few equals in our school.

THE CARE OF LAPAROTOMIES.

BY MARIAN ROSS ARVINE, M. D.

Read at the December meeting of the Eclectic Medical Society of the City and County of New York.

I ask your attention to-night for the discussion of the "Care of Laparotomies" because this question is of vital importance.

The success of a Laparotomy depends more upon the after-treatment of the case than upon the skill of the operator. "The operation was successful but the patient died," is said all too frequently of Laparotomies. Sometimes this may be due to the improper selection of "last resort" cases, but in nine cases out of ten the patient dies because in the post-operative treatment the surgeon "Had left undone those things he ought to have done and had done those things he ought not to have done."

Preparation of the case.

The preparation of a Laparotomy case should receive special attention.

For one week before the operation the following treatment should be given the case:

One-sixtieth grain of strychnine should be given morning and night. This will be an important factor in preventing shock.

Then, the patient should be given a rectal enema of six ounces of sweet oil every night with the colon tube, followed in the morning by an enema of warm water. The diet should be nutritious but light.

Twenty-four hours before the operation a saline infusion of 16 ounces should be given. This will generally prevent shock. In all cases it will lessen the danger from shock.

Fifteen minutes before administering the anesthetic the patient should receive one-sixth of a grain of morphine hypodermically. This greatly lessens the amount of anesthetic required to produce surgical tolerance, and at the same time it assists greatly in warding off shock and collapse.

Anesthetic.

Chloroform is preferred to other anesthetics in Laparotomies and when combined with Ethyl Astrate, one drachm to the pound of chloroform, it sustains the heart and reduces the liability to shock from prolonged anesthesia.

During the operation in case of shock or collapse brandy may be administered as often as necessary hypodermically or per rectum. If the patient is anemic or there has been much loss of blood employ transfusion. Three to six ounces of the normal salt solution every three hours per rectum will be readily absorbed. Eight ounces may be injected into each breast producing instantaneous results. Oxygen should also be promptly administered.

After the operation these cases of shock or collapse should receive the supportive treatment until all danger is over. External applications of heart, friction over the body and hot compresses over the region of the heart are beneficial.

The room must be kept darkened and quiet, giving the patient every opportunity to sleep.

Friends should be excluded till all danger is over.

Nausea.

If the patient has been properly prepared very little nausea and vomiting should occur. In most cases nothing should be put into the stomach. If vomiting is due to cerebral congestion from the use of ether, cold should be applied to the head. If due to gas in the stomach or intestines, 15 M. of the Aromatic spirits of Ammonia in hot water will give relief immediately to most cases. When vomiting persists give the following high enema:

R

Mag. Sulph. ʒi.

Glycerine ʒii.

Milk of Asafoetidida ʒiii.

In some cases a cloth wet in vinegar and placed under the nostrils will relieve

the nausea. Where the nausea is persistent one drop of 95 per cent. carbolic acid in three teaspoonfuls of hot water acting as a local anesthetic to the mucous membranes of the stomach has proved very beneficial. Should nausea be caused by an accumulation of bile in the stomach, relief may be obtained by washing the stomach. Give the patient a glass of hot water and let it be thrown off at once.

Tympanites.

Tympanites is a complication which is nearly always present in a Laparotomy. The rectal tube should be introduced and retained for some hours. If this does not relieve the bowels of gas, an enema of claret and glycerine should be given. Many doctors give an enema of turpentine. A very satisfactory one is:

R

Mag. Sulph. ʒiss.

Glycerine ʒi.

Turpentine ʒss.

Water one ounce.

Using the colon tube and sending the injection as high as possible.

If these measures fail saline cathartics should be given at once.

In pus cases the bowels should be kept open by saline cathartics. These should be used freely as they expel gas, soften the stools, promote the absorption of fluids in the peritoneal cavity and eliminate poisonous alkaloids.

Thirst.

For several hours after the operation the thirst will be intense. Cold water should *never* be given. If there is no nausea, hot water in teaspoonful doses may be given. The normal salt solution per rectum seldom fails to relieve thirst. Vichy and champagne are useful in allaying thirst and are generally employed without any ill effects.

Nourishment.

Twenty-four hours after the operation, if nausea and vomiting have ceased, small

quantities of nourishment may be given. It should be liquid, consisting of beef tea, clam broth, mutton broth or Kumyss and administered every two hours. The third day the nourishment may be given in semi-solids and kept up until the bowels have been moved on the fifth day, when a light diet may be instituted.

Wound Dressing.

Strict asepsis and antisepsis should be observed in the dressing of the wound. The wound needs but one dressing if all goes well.

The temperature is the most valuable guide as to the condition of the wound and next to that is the odor. If drainage has been used the wound will require attention within the first twenty-four hours.

In removing the sutures on the seventh or eighth day, it is well to leave every other one for a day or two longer. When they are all out, the edges of the wound should be supported for a week longer with strips of adhesion plaster.

If there have been no complications the case may sit up in bed on the fourteenth day and get out of bed on the twenty-first day. At the end of the fourth week, the patient could return home having on an abdominal bandage to be worn six months. This is to prevent hernia from stretching the cicatrix.

Operations do not cure. They are the means to cures. The physician who wishes his case to make a complete recovery, should advise the patient when she is about to return to her home how she may best care for herself during the convalescing period. The patient should be enjoined upon to adhere strictly to a nourishing but not stimulating diet. She should be ordered to take regular exercise in the open air, to attend carefully to keeping the bowels regular and to retire early every night. These are little things in themselves but they have the desired effect upon the patient both mentally and physically. The honor is due not to him

whose operations alone are successful but to the surgeon whose cases live to tell the story and "to rise up and called him blessed."—New York City.

VIBURNUM COMPOUND.

(Hayden's.)

By R. A. Toms, M. D.

Read at the December meeting of the Eclectic Medical Society of the City and County of New York.

The Viburnum compound as prepared by Dr. Wm. R. Hayden has long been before the medical profession and has been widely and extensively used for a long time, therefore, at least, some of its therapeutic uses are familiar to a large majority of the medical profession. Perhaps the most common ailment for the relief of which it is favorably known is Dysmenorrhea. From frequent observation of its effects in relieving this condition I have been led to its use in other conditions, with a great deal of success. Aside from Dysmenorrhea I desire to refer to two conditions to-night, in which Viburnum compound has in my hands proven very efficient. The first of these is delayed labor where the maternal parts are tense and rather unyielding and the os uteri dilates very slowly, the Viburnum compound properly used has proven itself remarkably efficient. In handling the above-mentioned condition I had been in the habit of using a mixture of Gelsemium and Cimicifuga with varying and rather unsatisfactory results, the Viburnum compound, however, given in tablespoonful doses in hot water at frequent intervals has accomplished the results looked for to my entire satisfaction. I believe that in this condition of delayed labor, too much attention is usually given to the force behind and too little attention given to removing the resistance in front. If a little less Quin. bisulfate or engot were given and a little more Viburnum compound administered the results would be much more satisfactory to physician and patient.

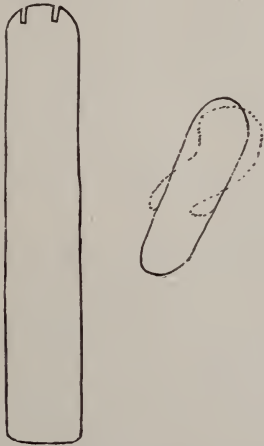
The other condition to which I desire to refer is that condition popularly known as cramps in the stomach or intestines. In this condition as well as in the others the relaxant and anodyne effects of Viburnum compound are decidedly marked and when given in good sized doses in very hot water the results are eminently satisfactory. In fact I know of no preparation which will give so quick and permanent relief in the conditions I have mentioned without any bad after effects such as follow the administration of powerful opiates.

New York City.

INSTRUMENT FOR REPLACING PROLAPSED UMBILICAL CORD.

BY MAX AUGSBURGER, M. D.

The replacing of a prolapsed umbilical cord, when unsuccessful by the postural method, is still done by the old method of fastening the cord by means of a string to a semi-flexible catheter or flat piece of whalebone, and carrying it into the maternal tract behind the presenting part; the



The loop of string is attached by slipping the end into the cuts of the instrument, catching up loop of umbilical cord and returning the other end of the loop into the cuts.

catheter is then withdrawn, or, in case of the flat whalebone, it is left in the canal. The catheter or whalebone cannot be

made thoroughly aseptic, for they cannot be boiled as instruments should, because heat destroys them. In spite of this, they are daily used because we have nothing better.

For this purpose I had an instrument made of a flat flexible metal, with shoulders so shaped that the string will hold in introducing, but in pulling it down the string will slip off when the cord has been replaced. The instrument may be left in the tract after reposition or withdrawn immediately. There are no sharp edges to injure the tissues. The instrument can be boiled, and it fully replaces either catheter or whalebone.—*American Medicine*, December 28, 1901.

Brooklyn, New York.

COD LIVER OIL AND ITS USES.

BY H. C. SCIASON, M. D.

Read at the November meeting of the Specific Medication Club.

From time immemorial, at the onset of the cold weather the demand for Cod Liver Oil increases in enormous proportions, and quantities upon quantities are being used by the laity and also recommended by the medical profession, so I thought it would not be amiss to bring this drug up to-night and to devote a little of our time in bringing forward its merits as well as its bad qualities.

Cod Liver Oil is a fixed oil obtained from the liver of the common cod and other species of gadus. The livers of the hake, the haddock, the pollack and the dorse are likewise used to some extent in the production of the oil. The old process of exposing the livers to the sun, where the oil exudes and is afterwards filtered is almost entirely done away with. Instead, steam heat is gradually applied whereby the oil is separated from the tissues, the watery portion subsiding, the oil being filtered and kept in dry vessels.

The different processes of manufacture of the oil each yield a different pro-

duct, but it is the medicinal Cod Liver Oil I intend to consider here.

The purest oil is of a pale yellow color and slightly acid reaction, slight acid taste, and almost odorless. The test for it given in the United States Ph. is almost useless, since it does not prove the genuineness of the oil, as it is scarcely to be doubted that not rarely the livers of other fish are mixed with those of the cod and the test mentioned in the United States Ph. holds good for the oil of almost any liver.

The physical properties are about the only test that are of any value, and again, there is a great doubt but what the oil of the same organ in other fish has not the same medicinal value.

The constituents of Cod Liver Oil are several glycerides, acids, various biliary principles, calcium and magnesium salts, and codine, bromine, chlorine and phosphorus in their natural states.

Cod Liver Oil when taken into the system causes the same as other fatty substances, a deposition of fat in the body, the blood becomes richer in quality in proper doses improves the appetite and digestion. But when taken in excess or too long continued will cause gastric disturbances and very often an eruption of the skin. The breath, perspiration and all excretions assuming a decided fishy odor.

As stated, it being a fat producing agent, it naturally retards the waste of nitrogenous substances which is so characteristic of the diseases in which the oil is so extensively used. From time to time new remedies for these wasting diseases will spring up and all will have as an underlying base its fat producing properties, yet the most easily digestible and assimilable is Cod Liver Oil. Which of the ingredients of Cod Liver Oil has the most remedial effect is uncertain. It is assumed that the peculiar combination as a whole gives the desired effect.

The oil is most useful in conditions

where a general lowered tone exists where there is a tendency of exudations of imperfectly developed cells, which from the beginning have but one quality, that of dying, as in the condition of those of a scrupulous deathesis. Another condition where the oil is most beneficial is where the tendency of this cell destruction affects the mucous membranes of the respiratory organs and the afflicted at the slightest provocation suffers from catarrh which very often results in pneumonia due to the stoppage of the air ducts, or frequently turns into consumption, the weakened and broken down air cells serving as a hot bed for the tubercular bacillus preceding the development of these diseases there is a general lowered vitality, emaciation, a poor state of blood, etc., and it is here that Cod Liver Oil is known to give good results, naturally not forgetting proper hygienic measures and also some drugs which might be indicated to abate certain symptoms.

Where the internal lymphatic system or the bones are affected as in rickets where the debilitating influence is aggravated by bad ventilation, crowding, poor food, the oil is of singular service. Yet in affections of the superficial glands, such as the submaxillary, it seems to be of no value at all, only after the break-down of the affected glands and after the discharge of scrofulous matter, will its use have some good results.

In tuberculosis it does more good in the beginning of the disease than in the advanced stages. It is a well known fact that you can check the disease by putting the patient upon a tonic treatment where the base of it is Cod Liver Oil combined as stated above with nutritious diet, follow hygienic regulations especially in the line of dress; and in the latter stages of the disease it does more good to alleviate the cough, uphold the strength and weight and general condition of the patient than any one or combination of drugs of the

pharmacopœia. Where pallor, loss of strength, anæmia, poor circulation and apparently defective nutrition without any reasonable cause exists, the oil is about the only remedy which is indicated, in fact looked upon as a specific.

Skin eruptions of those with scrofulous diathesis are benefitted by its use. It is known to cure rheumatism, and that is where this oil was first used. Yet, in my opinion, it will only help where the affection can be traced back to some strumous or cachectic condition of the patient. The only opposition the use of Cod Liver Oil seems to have is that it being a fatty substance, the stomach cannot retain it. Yet when used judiciously, commenced with small doses, say a teaspoonful three times a day and gradually increased to tablespoonful, I do not see why it should not agree with the most delicate stomach. Of course where the oil will not be digested, there is no use to insist upon its administration.

The oil can be taken either plain or in the form of an emulsion, yet, it is hard to disguise its taste, for if a volatile substance is used to conceal it, it will cause eructation of gas and you will get the after-taste. It is found, though, that a person gets easily used to it and rather likes it.

New York City.

CLOSING OF ARTIFICIAL ANUS.

By J. B. DE BEER, M. D.

In the July issue of the Review I reported a case of perforation of the Sigmoid, its termination will be of interest.

During the months of August and September a wash composed of fluid extract hydrastis and sulphur of zinc of each \mathfrak{z} i to Aq. Oi of which \mathfrak{z} ss to Aq. Oi was used, as an enema, was continued, alternately daily, with glycerole of calendula, diluted, one to ten parts of water.

When no more debris of ulcers were observed the above treatment was discontinued, and replaced by saline injections.

The general health of the patient having improved, the appetite, digestion and movements being normal I considered the patient entitled to relief, in consequence of which the closing of the artificial anus was accomplished last October.

This operation is of more importance than its formation owing to its technic and greater manual requirements.

When inguinal colotomy is completed, we have the selected knuckle of intestine firmly secured with peretoneum against peretoneum, and the general peretoneal cavity closed, the strain being taken off the silk sutures, uniting the gut with the abdominal wall by a silk worm suture passed under the intestine and through the whole thickness of the wall, which is removed after firm adhesion has taken place.

The silk worm suture causes the gut to bend sharply and to draw the sides of the incision together and to be firmly held.

When the gut is secured and opened the appearance of a double barrelled gun with the lower orifice smaller than the upper presents, facilitating the washing of the lower portion by direct and return flow.

To restore the normal condition without exposing the patient to unnecessary danger, it seems but natural that the opening of the cavity should be prevented, and consequently the peritoneum is not opened.

The gut is dissected from the margin of the skin, the muscular layer exposed, as well as the parietal peritoneum, thus making fresh cuts of the peritoneal and muscular walls of the gut, which is now sutured with silk sutures, the needle not entering the cavity of the gut.

Several sutures closely together are required to make the intestine air tight to prevent the formation of a fistula through leakage of the contents of the colon, and when this is accomplished the intestine becomes at once distended.

The parietal peritoneum is now drawn over the gut and sutured with silk after which the muscle is sutured with cat gut and the margin of the skin incision freshened and sutured with a continuous silk suture.

The wound is protected with gauze cotton and bandage as usual, which completes the operation.

It may here be stated that the temperature did not rise above 100° and with the exception of soreness, no complaint was made.

On the third day indications presented themselves that the wound would not heal by first intention, and as the discharge was considerable, the continuous silk suture was taken out.

On examination the cause appeared to be superficial, the wound was washed with a solution of Hydrarg. Chlor. Corros. 1-2,000, covered with sterilized gauze, and to prevent sepsis a wash with saline solution was used morning and evening until healthy granulation was established.

The wound was then packed with moistened gauze dipped in a solution of hydronaphthol 1 part, camphor 2 parts, and balsam peru 3 parts, to stimulate healing, drawn together with L. O. Adhesive plaster, and properly protected by cotton and bandage, this was renewed daily at first and afterwards at longer intervals.

For the first week no solid food was taken. Panopeptin and champaign being the only nutrition, after which milk toast, soups and farinaceous food was taken.

To prevent distension of the gut by flatus, a rectal tube was inserted when needed, and on the fourth day a desire was experienced to use the bed pan, with, however, little result.

On the fifth day a glycerine suppository was introduced, after which, small stools, the thickness of one-fourth inch, passed, accompanied with much flatus.

On the sixth day a soap water enema with no result was given.

On the seventh day discomfort was experienced in the rectum; an enema of soap water with castor oil and sulphate of magnesia repeated, proved ineffectual, the sphincter not yielding to the effort, and dilatation was decided upon, for which I used a Virgin Speculum, removing feces with the rectal spoon, after which a suppository¹ of belladonna and opii was inserted.

Although relief was experienced the stool passed on the day following indicated rectal spasm, no doubt the result of disuse.

I decided to dilate with a Weirick Dilator, its advantage over dilatation with the thumbs being its limitation and position in situ, ad libitum.

After practicing this twice on alternate days with the medium size one better results were obtained; stools being more copious but not formed.

Pain and discomfort continuing, the existence of fissure was ascertained.

Believing that contracture of the muscle would be temporary, and was due to irritation of the fissure, and perhaps to reflex action, excited by the passage of faeces, I decided to apply Argent. Nitrate grs. x to Aq. \mathfrak{z} i, and to recommend cold ablutions; this gave temporary relief. Rosinol ointment allayed itching and was continued.

Permanent relief not being certain and the stool still indicating contraction, complete dilatation was resorted to, under anæsthesia.

This treatment has given the best result. For a few days extravasation was noticed, as is usually observed when a part is bruised, the color changing gradually. A suppository of morphia was placed in the rectum and cold applied. The patient now has well-formed stools and is confident that her suffering is at an end, having had no inconvenience or pain for some months.

Brooklyn.

ECLECTICISM, AND THE PRESENT DUTY OF THE ECLECTIC PHYSICIAN.

BY FINLEY ELLINGWOOD, M. D.,

Secretary of the National Eclectic Medical Association, Chicago, Ill.

There never was a time in the history of Eclecticism when the methods of our school were as popular, or sought after as eagerly as now. There never was a time when the importance of the work our school has done, was as near general recognition as now.

But these facts are not recognized by the mass of our physicians. We are too lethargic; we are too self absorbed. The true enthusiastic Eclectic spirit is at too low an ebb. Every man that calls himself an Eclectic should emblazon that fact abroad and should become inspired with a greatly renewed enthusiasm—an increased zeal and diligence for the cause.

We have in our school about ten thousand and physicians; of these not one-fifth belong to a medical society, and not four per cent. belong to our National Association. This is a deplorable fact. The Homeopaths have the same number of physicians we have and yet about one-fifth of the entire number belong to their National Association.

The vital importance of organization is not appreciated. If we had two thousand members in our National Association to-day, working enthusiastically for the recognition of the rights of our physicians, there is absolutely not a thing we might desire reasonably, that we could not have. It is of the utmost importance that every recognized Eclectic physician join at once a good, well organized and energetic society.

Again, there is an enormous demand for Eclectic physicians. We cannot begin to supply the demand. Our colleges, while well filled with students, should be overflowing. The colleges should be forced to enlarge their facilities 100 per

cent. If every individual physician realized his personal duty to the great body of Eclectic physicians this could soon be accomplished.

We have now about two thousand men belonging to our National, state and local societies. In twenty-six states we have good societies. In six other states the society which has not been in working order for a few years is being reorganized this year and will be put upon a good working basis. In six states and territories, new societies are in process of forming and will be perfected before June.

In several states the society will take a new lease of life this year and will accomplish more than ever before.

All this will bring about a most inestimable good to the cause and I would urge upon the physician who reads this to make an unusual effort this year to cooperate in the upbuilding of his local society; to extend his enthusiasm to the National Society and to do his best to show his pride in, and love for the school of medicine which has brought him success and prosperity.

LETTER FROM CORONER DENNY.

Editor ECLECTIC REVIEW:

Having acted as coroner's physician in several suicide and murder cases where people shot themselves or were killed by gunshot wounds and at present being one of the coroners of Otsego County, N. Y., am in a position to cite one case at least which may be of benefit to the younger members (and some older ones too) throughout the country who may be called upon to make an autopsy upon a body that may have died from a gunshot wound made by a second party with murderous intent. The case referred to in short is as follows: On the 24th day of January, 1902, I was called by a brother physician about ten miles from town where he said a young man had shot himself. After

looking over the situation I ordered the body taken to undertaking rooms, when I ordered Drs. A. W. Cutler and G. S. Pomeroy to make a thorough autopsy, I taking the notes. The body was that of a man 21 years of age, muscular and well nourished, weighing about 160 pounds. There was a wound made by a 22 calibre bullet three-fourths of an inch to the right of the left nipple passing into the thoracic cavity through the fourth interspace, entering the left side of pericardium, passing directly through the heart through the right side of pericardium and into the lower lobe of right lung. The pericardium was distended with fluid blood, also the right and left plural cavities were filled with blood. Previous (perhaps one-half hour) to the shooting this young man had taken a quantity of paris green. How much we were unable to ascertain, but enough to produce vomiting. He shot himself with a 22 calibre rifle, holding the muzzle tightly against his breast. At the time of the shooting he did not fall but ran up a steep hill between six and seven rods then was heard to call for help and fall. Was carried to a house where he died. The time elapsing from when he called for help and was seen to fall and when he died was fully fifteen minutes. There is a case somewhat similar to this cited in Allen McLane Hamilton's latest work on medical jurisprudence. The point I am getting at is this: In case a physician is called to make an autopsy when a person dies from a gunshot wound which develops into a murder case is be careful what you swear to. Never admit any writer is authority. They are simply writers, and your own experience is as good authority so far as it goes as the most renowned expert in the world. The make of gun, calibre of bullet and kind of powder, all must be taken in consideration as also the proximity with which the gun is held to the body.

E. DENNY, M. D.

Oneonta, N. Y., Jan. 30, 1902.

THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

TONSILITIS.

I have had an unusually large number of cases of inflammation of the tonsils this winter. About two-thirds of them have been parenchymatous and one-third follicular. In our Northern climate the most common cause of tonsillitis is exposure to cold and dampness. In some families there is a decided hereditary tendency to this abnormal condition. In my own practice there are several families of this kind, and it is seldom that a year passes without every member of these families having one or more attacks of quinsy sore throat. It usually begins with aching or pain in the joints and muscles, a chill or chilliness, with frequent flashes of heat, and a sensation of stiffness and dryness in the throat, with swelling and pain. The temperature soon increases, the tonsils become much enlarged, and there may be extensive external swelling about the neck and angle of the jaws. Sometimes partial deafness results from the extension of the swelling to the Eustachian tubes. Swallowing is often painful, and occasionally almost impossible. The power of moving the jaws is greatly impaired, and there is dribbling of saliva. The mouth is covered with viscid, slimy mucus, the tongue coated and swollen, and the breath extremely offensive. The pharyngeal and faucial tissues are swollen, there is extreme pain and not infrequently great difficulty in breathing. As the disease progresses suppuration takes place, and as soon as the pus escapes the distressing symptoms disappear. The usual duration of quinsy is from four to ten days.

The follicular form of tonsilitis differs materially from quinsy. White spots of exudation may be seen scattered over the tonsils, and the mucous membrane is bright red in color. The swelling is not extreme, and abscesses do not form as in quinsy. There is a considerable difficulty in swallowing, and fever, aching and pain in the joints and muscles are marked features of the abnormal condition. With proper care in examination, this form of tonsilitis need not be mistaken for diphtheria, but it has been quite clearly shown that many cases reported as diphtheria were, in fact, simply follicular tonsilitis. I recently saw a case of the latter disease which had been quarantined as diphtheria by a graduate of the Pennsylvania University.

The treatment of tonsilitis must be governed by the intensity and variation of the symptoms presented. No routine treatment can be adopted which will meet the needs of all cases. The majority of my recent cases, however, promptly yielded to a treatment composed of but few drugs—each remedy being selected in accordance with its specific indication, and prescribed as follows: \mathcal{R} Aconite, gtt. v, Phytolacca, gtt. xxx, water, \mathfrak{z} iv. M. Sig. Dose one teaspoonful every hour. \mathcal{R} Bichromate of potassium, gr. i, water, \mathfrak{z} iv. M. Sig. Gargle the throat and take one-half teaspoonful every two hours. \mathcal{R} Vinegar, \mathfrak{z} iv, Aconite, \mathfrak{z} ii, water, Oiv. M. in tin vessel, make steam by means of hot stones, and inhale for ten minutes every three hours.

Under this treatment, in cases which were seen early, suppuration did not take place. In the others the pus was evacuated as soon as fluctuation could be detected. A few cases called for additional remedies, and they were employed in accordance with their specific indications.

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SPASMODIC CROUP.

In continuing his *Gleaner* articles on Laryngitis, Dr. W. N. Mundy in substance says:

Spasmodic laryngitis is the common form of croup. It is also known as spasmodic croup, and properly as laryngismus stridulous. It is not as severe as acute catarrhal laryngitis, and usually patients recover without difficulty.

Spasmodic croup is frequent up to the fifth year. Some children seem to have a predisposition to such attacks. It occurs in children who are well nourished, as well as in those who are poorly nourished and weak. It is frequently associated with enlarged tonsils and adenoids of the pharynx. The exciting cause is cold, sudden change of temperature, exposure to an east or north wind, sitting in a draught and irritation of the digestive apparatus. In spasmodic croup there is irritation of the mucous membrane of the larynx with determination of blood; or in some cases a slight superficial inflammation. The irritation is sufficient to excite spasmodic contraction of the muscles of the larynx, hence the symptoms of croup. In many cases the irritation extends to the bronchial tubes as well, and they are more or less contracted. Thus, while the difficulty of breathing is principally laryngeal, it may be to a limited extent asthmatic. There are usually but slight symptoms of cold before the attack, though occasionally the child will have a severe cold. Frequently there are slight hoarseness in the evening and a little cough, though not sufficient to attract attention. The child sleeps for an hour or two, then becomes restless, and finally wakes with a start, suffering severely from difficult breathing. Now the breathing is stridulous, the cough hoarse and croupal, the voice hoarse or whispering, and the cry shrill and piping. The skin is soft and moist, the pulse soft and regular, and the nervous system shows no

traces of excitement. In a few minutes the child breathes easier, and may fall asleep; but the period of ease is short, a paroxysm of cough occurs, and the breathing is as difficult as before. Thus the disease will continue for hours, broken up into exacerbations and remissions, until finally, the paroxysms become lighter and lighter, the breathing is wholly relieved, and nothing is left but a slight hoarse cough.

The diagnosis of spasmodic croup may be easily made if we notice, first, that there is an entire absence of febrile symptoms; second, that it is remittent in character and broken up into exacerbations and remissions. There is an absence of the mucous rattling, as in mucous croup, and the extreme dryness of respiration and cough, as in the pseudo membranous; and neither in the respiration nor cough do we detect any evidences of change in the condition of the mucous membrane, as is so distinct in the other two forms. On the contrary, all the symptoms point to irritation of the intrinsic muscles of the larynx, and the consequent diminution of its caliber, as the true condition. The prognosis is favorable. For, while in exceptional cases, the impairment of respiration may be so great as to destroy life, in the majority recovery will occur.

As the object of treatment in this instance is to produce relaxation of the spasm, the treatment by the use of nauseants is employed. I prefer preparations of ipecac, as its action is speedy without much prostration. The compound tincture of lobelia and sanguinaria (King's acetous emetic tincture) is a very good remedy. It should be given in doses sufficiently large to produce nausea, but always short of emesis. In the milder cases the administration of the compound tincture of oils of lobelia and stillingia (stillingia liniment) in doses of one drop, repeated every quarter or half hour, with its external application to the throat, will be

sufficient to arrest the disease. In giving this, it is dropped on sugar, which is allowed to dissolve in the mouth and swallowed without water.

Spasmodic croup is frequently sympathetic, and repeated attacks occur much to the surprise of the physician. There is an irritation of the stomach requiring treatment, or the patient wants sulphite of soda or sulphurous acid to remove an unpleasant coat from the tongue, (and a similar unpleasantness from the stomach) or it may be troubled with worms and require santonine with podophyllin. In some of these cases the disease is distinctly periodic, and quinine should be given in full antiperiodic doses. In other cases recurrence of the disease is prevented by the administration of bromide of ammonium, $\mathfrak{z}\text{ij}$, water, $\mathfrak{z}\text{iv}$, a teaspoonful every four hours. In still other cases the croup is the result of a suppressed eruption frequently urticaria or hives, or it may arise from retrocession of an eruption, as erythema, roseola, or even that which is popularly known as heat. These cases will be reached by the administration of small doses of aconite with belladonna, and sometimes by sponging the surface with hot water.

CEDEMA GLOTTIDIS.

or sub-mucous laryngitis, may occur at any age, but it is most frequent in childhood. While croup and this condition are not identical they are so closely associated, they should be considered together.

This disease seems to be dependent upon cold, but why it should invade this particular part we are unable to tell. As it occurs in feeble children, who therein manifest a tendency to disease of the throat, it is probably owing to debility of the tissues. This view is partially supported by the fact that it has been known to follow the internal use of iodine. It is also caused by the irritation produced by foreign bodies, the inhalation of steam, in-

flammatory disorders of the glands of the neck and as a complication of nephritis. The disease is undoubtedly inflammatory in its character, but the inflammation is sub-acute, and involves the sub-mucous tissue. In its progress there is effusion into this, and it becomes swollen, and where this tissue is loose, as the inward surface of the epiglottis, and the upper portion of the larynx, it produces such engorgement as to obstruct the passage of air. As this distension is greatest in the epiglottis, the difficulty is much greater in inspiration than in expiration. In true œdema there is simply an effusion, into the sub-mucous tissue of the aryteno-epiglottic folds, causing them to swell so as to be a serious obstruction to respiration. This is a dropsical condition and usually occurs in nephritis.

The disease commences with a continually increasing impediment to respiration, and a feeling of fullness and constriction, and continuous desire to clear the throat, as if the irritation were caused by some foreign body. The voice becomes hoarse, then croupal, and afterward sharp, stridulous whispering, and is then lost entirely. There is a hoarse, convulsive cough, with fits of suffocation, causing great agony. The most marked feature of the disease is, that while inspiration is prolonged, stridulous and exceedingly difficult, expiration is comparatively easy. This feature is so constant as to be pathognomonic. There is no fever, but as the disease progresses the pulse becomes more frequent, small and irregular. The difficulty of breathing increases, the paroxysms of coughing and suffocation are more frequent, symptoms of asphyxia appear, the cerebral functions are disturbed, and at last death ensues from inability to inflate the lungs. In true œdema there are also symptoms of the original disease.

The diagnosis in this disease will be readily made, if it be recollected that the difficulty is in *inspiration*, while expiration

is comparatively free. In the later stages of the disease, when it is likely to prove fatal, the diagnosis will be more difficult.

The prognosis is unfavorable. Often times it proves rapidly fatal without any warning whatever. Where infiltration is localized it is less likely to prove fatal than when involving all the tissues.

The treatment of this case will be wholly different from that adopted in croup, being stimulant instead of relaxing. We would dry cup the throat and upper part of the back, and repeat it if the case be serious; applying to the throat and breast a cloth spread with lard and sprinkled with the compound powder of lobelia and capsicum, changing it two or three times daily. A mustard foot bath may be used with good effect, and repeated two or three times, following it by the application of dry heat. We guard against coldness of the extremities, which so frequently follows the ordinary use of the foot bath, and which almost invariably increases the disease.

If the pulse is frequent and small, we will give aconite, combining with it apocynum, as: \mathcal{R} . Sp. aconite, gtt. ij to gtt. v, sp. apocynum, gtt. iij to gtt. xv, water, \mathfrak{z} iv, a teaspoonful every hour. Apocynum in quite small doses will act upon the bowels, but if the bowels are torpid the proportion of this remedy may be increased. Phytolacca is sometimes indicated by the soreness of the mouth and throat, and engorgement of the lymphatic glands. Belladonna is a good remedy in some cases, the indication being the dullness and stupor and inclination to sleep. In some cases stimulant doses of lobelia, with some pleasant aromatic to prevent nausea, may be prescribed. The following formula answers well: \mathcal{R} . Specific lobelia, \mathfrak{z} ij, compound tincture of lavender, \mathfrak{f} ss simple syrup, to \mathfrak{z} ij; a teaspoonful every hour, or better, half teaspoonful every half hour. If at any time it should produce nausea the dose must be

lessened. This may be aided by the use of stimulant inhalations with the spray apparatus. A very good inhalation may be formed by adding carbolic acid, grs. v, to water $\bar{\text{z}}\text{iv}$; or, hydrochlorate of ammonia, grs. x, to water $\bar{\text{z}}\text{iv}$; or in place of them, lime water of full strength may be employed. The external application of ice and cracked ice kept in the mouth, the patient being kept warm internally and sp. jaborandi or pilocarpine given internally in order to produce diaphoresis, have afforded relief. Tracheotomy or intubation may be performed as a last resort.

LIME IN THE EYE.

Dr. Rimpler says that when there is lime in an eye the eye should be opened so that every particle of the calcium can be carefully removed from the cornea and conjunctival sac. Removal is best accomplished by the use of oil. A bit of cotton can be saturated and used to wipe out the particles. It is especially important to evert the upper lids, as particles are prone to become imbedded in them. To relieve the pain cocaine is recommended, and the eye should be thoroughly flushed out with oil. If no oil can be found, water may be used, for, as a rule, the calcium has been dissolved and water causes no rise of temperature. The prevention of these accidents is highly important, and the use of protective spectacles by workers in calcium is recommended.

In commenting upon the foregoing, Dr. Stutzer says that when an eye has been injured by lime the best method of treating the condition is to immediately cleanse the eyes with copious washings of clean water, which should be kept up for a considerable length of time. This is really a "first aid to the injured" method, as it can be readily carried out by the patient's fellow-workers. It can easily be done by one man holding the injured eye open, while another, with a clean glass and

clean water, washes the eye until no particles of mortar can be seen therein.

The value of veratrum viride in acute mania is referred to as follows in the *American Medical Journal*: "Any physician who has not employed veratrum viride in acute mania has missed the best agency which is available for the cure of these distressing cases. It is one of the greatest advantages a physician can have to see the feverish sufferer, under the application of this remedy, pass from absolute sleeplessness into a state of quiet rest. That many cases which would otherwise go on to death are saved by the use of this remedy is a fact beyond question. The fear which many practitioners have of using veratrum viride, on account of the varying strength of its various preparations, must, of course, be met when the drug is employed, by the use of Norwood's tincture.

The specific veratrum viride is also a reliable preparation of this drug, and may be employed with the utmost confidence. The dose is from one-tenth of a drop to fifteen drops, but it is seldom necessary to administer more than from one to five drops as a dose.

Dr. Gariansky says that the pure, fresh juice of raw cranberries, given freely, either undiluted or with an equal part of water, is an excellent means of relieving the thirst in fever, and, moreover, is remarkably antipyretic. In the thirst and vomiting peculiar to cholera it is even more effective. In fifty cases in which ice and narcotics failed to make the slightest impression, cranberry juice, in small but repeated doses, rapidly checked both vomiting and nausea.

In speaking of the treatment of warts and moles, Dr. Taylor says: "Twice daily touch each with enough glacial acetic acid to saturate without allowing to

touch the healthy skin. If this results in soreness, too much acid has been employed; suspend for forty-eight hours, and again resume. The warts and moles turn brown, rapidly disappear and leave no scar. There is no danger. Do not tell the patient what is being used, though it may safely be placed in his or her hands, with caution."

The following treatment for whooping-cough is recommended by the *Chicago Medical Times*: "Prepare a solution of alum in syrup, one grain to each drachm. Add ten drops of the tincture of belladonna to two ounces of syrup of tolu. Give drachm doses of these remedies alternately every hour."

In a paper on the morning sickness of pregnancy, Dr. P. H. Strauss states that he has had most marked success with the ordinary tincture of iodine after he had tried almost all of the other remedies except dilating the os. Dr. Elliot reports a case in which five drops of the tincture of iodine in a teaspoonful of sweetened water was given. The effect was magical—the vomiting ceased at once.

Dr. James Park, a graduate of Harvard, and a physician of large experience, in speaking of Eclectic remedies, reports the following case: "A case of 'petit mal' or junior epilepsy, which had resisted earnest, vigorous and heroic treatment for months under inert and phantom remedies, was completely restored to sound and robust health through specific *cœnantha crocata*. The success of that remedy in that case of epilepsy has aroused a tremendous excitement among the doctors, whose prophesy and predictions were emphatically against even the hope of relief."

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NEW ENGLAND ECLECTIC MEDICAL ASSOCIATION.

The eighth annual meeting of the New England Eclectic Medical Association, will be held in Hartford, Connecticut, on Tuesday, Wednesday and Thursday, May, 13th, 14th and 15th, 1902. Already are active preparations for the event begun and one of the best meetings in the history of the Association is anticipated.

The officers of the Association for 1901-1902 are as follows: President, Wilbur F. Templeton, Glover, Vt.; first vice president, Percy L. Templeton, Montpelier, Vt.; second vice president, Frank W. Snell, Dennysville, Me.; third vice president, Edwin M. Ripley, Unionville, Conn.; recording secretary, Wm. Collins Hatch, New Sharon, Me.; assistant recording secretary, Alfred H. Flower, Boston, Mass.; treasurer, Algernon Fossett, Portland, Me.; corresponding secretary, George A. Faber, Waterbury, Conn.; librarian, Herschel N. Waite, Johnson, Vt.

President Templeton has announced the following committees for 1902:

Committee of Arrangements, Drs. Thomas Mulligan, New Britain, Conn., chairman; Edwin M. Ripley, Unionville, Conn.; Henry Bickford, Hartford, Conn.

Committee on Finance, Drs. J. B. H. Cushman, East Charleston, Vt.; F. H. Williams, Bristol, Conn.; Sylvia A. Abbott, Taunton, Mass.

Committee on Publication, Drs. Wm. C. Hatch, Algernon Fossett, P. L. Templeton, F. W. Abbott, Taunton, Mass.; George A. Faber.

Committee on Necrology, Drs. H. Harlan Hill, Lowell, Vt.; Henry Reny, Biddeford, Me.; Thomas S. Hodge, Torrington, Conn.

Press Committee, Drs. Alexander Wilder, 5 North Eleventh Street, Newark, N. J.; James W. Marsh, Manchester Center, Vt.; Frank W. Snell, Denneysville, Me.

On Medical Education, Drs. Stephen

B. Munn, Waterbury, Conn.; T. J. Batchelder, Machias, Me.; Henry J. Potter, Bennington, Vt.; A. H. Flower; Wm. C. Hatch.

On Status of Eclecticism, Maine, Wm. C. Hatch; N. H., Wm. H. True, Laconia; Vt., Frank H. Godfrey, Chelsea; Mass., Sylvia A. Abbott; R. I., Darius L. Powe, 98 Broad St., Providence; Conn., George A. Faber.

WM. COLLINS HATCH,
Recording Secretary.

ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in its assembly rooms, No. 239 East Fourteenth street, on Thursday evening, January 16., Dr. Alfred W. Herzog, president, in the chair and Dr. Henry J. Doll, secretary, recording.

A communication from Dr. E. B. Foot was read by the secretary, and ordered placed on file.

The President appointed the following committees: Advisory committee for the ensuing year: Drs. Birkenhauer, Hardy and Oshlag.

Permanent committee: Drs. Nilsson, Arvine, Heeve and Irwin.

Publication committee: Drs. Boskowitz and Toms.

Applications for membership in the Society were received from Drs. Oscar Spier, Charles W. Lloyd and Alexander Wolff. The board of censors passed on the eligibility of the applicants and recommended them for membership. The candidates were voted for and elected.

President Herzog then announced the election of the candidates to the assembled members of the society.

The names of the newly elected members of the society have been entered on the rollbook by the secretary.

The essayists for the evening, Drs. Marian Ross Arvine and Robert A. Toms, read their papers respectively in the order mentioned.

"The Care of Laparotomies," by Dr. Arvine, treated of the surgical procedure in such cases.

The paper was discussed by Drs. Krausi, Boskowitz and Lloyd.

In his discussion Dr. Boskowitz stated that the essayist neglected a very important section in her paper, viz., the preparations on the part of the surgeon himself with regard to the antiseptic cleansing of hands, the sterilization of instruments, and all the paraphernalia connected with the performance of the operation of laparotomy. The doctor does not agree with the essayist who administers strychnia hypodermically days before the operation, because he prefers, when indicated, the cactus, cornus and collinsonia. He objects to the use of carbolic acid to check vomiting, and in its stead uses hot water. For the relief of tympanitis conditions he uses turpentine.

Dr. Lloyd insisted, that scrupulous care and rigid antisepsis be applied not only generally, but be carried to the minutest detail.

On motion a vote of thanks was tendered Dr. Arvine for her excellent paper.

The next essayist, Dr. Robert A. Toms read a paper under the caption: "Viburnum Compound." This paper was discussed by Drs. Heeve, Krausi, Herzog, Boskowitz, C. W. Brandenburg and Carrie Brandenburg.

The chairman of the auditing committee reported that his committee found the financial report of the secretary and the treasurer's report correct. A motion to the effect that the secretary's report be printed and sent to all the members of the Society was unanimously adopted.

About twenty-five members were present at the meeting.

HENRY J. DOLL,
Secretary.

BOSTON DISTRICT ECLECTIC
MEDICAL SOCIETY.

Boston, Mass.

The annual meeting of the Boston District Eclectic Medical Society was held at "The Thorndike" on Tuesday evening, Jan. 21st.

The following officers were elected: President, Lydia Ross, M. D.; vice-president, A. Waldo Forbush, M. D.; secretary, Pitts Edwin Howes, M. D.; Treasurer, John Perrins, M. D.

The treasurer made his annual report, showing the financial condition of the society to be excellent.

At the last meeting the Society inaugurated a course of special study of Physical Diagnosis, to be continued from month to month. The subject of "Inspection" was introduced by Dr. Ross at the December meeting and was continued at the meeting of this month.

The discussion which it produced was spirited and participated in by all in attendance.

Palpation will be the subject for the February meeting and will be introduced by Dr. C. Edwin Miles.

This new departure has awakened much enthusiasm and bids fair to increase the attendance at our gatherings.

PITTS EDWIN HOWES, M. D.,
Secretary.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to Pitts Edwin Howes, M. D., 703 Washington street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the "Review."

J. A. B. Is it safe to prescribe white pond lily, white poplar, red raspberry, wild yam, tag alder, cramp bark, fragrant

sumach, plantain and olive oil, in regular sized doses for pregnant women?

As many women abort very easily it is certainly prudent for the physician to be cautious in administering anything that would have a tendency to produce this untoward result.

O. H. T. Can you give me a treatment for epilepsy that does not include the use of the bromides?

Passiflora has been used very successfully in this disease. We do not treat names but conditions. If you will describe the conditions I will try to aid you more specifically.

J. S. I have two cases of tape worm that have been given male fern without bringing the head. Can you suggest another treatment?

I would try santonin triturated with sugar of milk in $\frac{1}{4}$ gr. dose to be followed in three hours by a large dose of olive oil. Let the patient abstain from food for eight or ten hours before taking santonin.

C. H. V. I have had two cases and they have annoyed me very much. I have tried many remedies, together with alkaline bathing, and have given them no relief. Both patients are apparently in good health, sleep well, digestion good, complain of nothing but itching of the skin. No eruption. The itching is intense and increases at night. Can you aid me?

As you do not state what you have given I may mention some or all the remedies you have used. If I do another query stating what you have used will be carefully considered. I would try Apis in small doses gtts v to water \mathfrak{z} iv. Teaspoonful every 3 hours. Juglands \mathfrak{z} i to water \mathfrak{z} iv. Teaspoonful every two hours. Rhus Tox. gtts. x to water \mathfrak{z} iv. Teaspoonful every hour; Pulsatilla gtts xv to water \mathfrak{z} iv. Teaspoonful every 2 hours. Each one of these remedies to be used separately and the medicine to be the "Specific Tinctures."

SELECTIONS.

ALCOHOL.

Woodhead discusses in the *Edinburgh Medical Journal* the medicinal and scientific aspects of alcohol, and sums up as follows his views on this never-exhausted topic:

Alcohol is a narcotic poison, of which the pernicious effects are to be seen at all times and on every hand. It is a drug which, under certain conditions, may be valuable, but it is a dangerous medication in the hands of anyone but a physician; and even in the hands of the physician or surgeon its exhibition is attended with dangers that attach to the prescription of no other substance in the Pharmacopœia. These dangers are not moral only, but physical dangers resulting from the action of alcohol on the tissues generally, and especially on those of the nerve centers. Its food value under ordinary conditions is practically *nil*, and, put in the most advantageous light, can only be temporary, and then of an extraordinarily slight and wasteful character.—Review of Reviews.

THE RACHITIC HEAD.

It is an occasional mistake to confuse the rickety head with the hydrocephalic head. In this case there is a depression of the fontanel; if there were fluid present it would push the fontanel up. In a general way the difference is this: A rickety head is flat on top, with enlargement of the parietal bones, whereas, a hydrocephalic head is spherical—Post-Graduate.

INTESTINAL OBSTRUCTION.

In very bad cases of intestinal obstruction, in which for any reason operation has been very long delayed, we may feel like giving the patient the benefit of the only chance that remains to him. These patients are practically unable to feel

pain, and the administration of a general anesthetic to them is exceedingly dangerous. Use local anesthesia, rapidly open the abdomen, draw out the nearest coil of distended intestine, stitch it rapidly to the external wound, and open into the gut at once. Use hot saline injections by the rectum and intra-venously. If we can thus tide the patient over a couple of days, we may later on deal with the obstruction itself.—Internat. Journal Surgery.

ELEMENTS OF HEALTH.

Air, food and drink. This trio, rightly employed, is the catholicon, obvious and close at hand, yet unseen by many a narrow enthusiast, who, by the light of glimmering jack-o'-lanterns, is pursuing theories too ridiculous to merit the dignity of an argument. The wealth of no man is great enough to acquire it by purchase, yet it is the certain reward for the judicious practice of self-denial.

These are the elements of hygiene which are peevishly disdained by many an over-drugged and over-operated invalid. And physicians are often at fault in not considering them sufficiently in their etiological investigations. With their minds overloaded with the latest contributions of the bacteriologist, they are apt to forget, or to deny the pathological influences of daily habits, temperaments and diatheses.—Milwaukee Med. Jour.

ALOPECIA AREATA.

A young woman who had rebellious alopecia for more than a year was practically cured by washing the head twice a day with soap and then rubbing kerosene vigorously into the bald patches. They soon became covered with soft hairs which by the end of eight months had almost all been transformed into adult hairs.—Hallepeau, in Med. Record.

THE NERVOUS RELATION IN DISEASES OF THE NUTRITIVE SYSTEM.

BY HENRY S. DRAYTON, A. M., M. D.
NEW YORK CITY.

We may postulate as a general statement that those who have given attention to the casual relations of American dyspepsia are agreed that our social habits, our methods of business, our irregularities and excesses of diet, and our nerve excitability, lie at the bottom of most of our stomach troubles. As a single casual factor it would be agreed that the wear and tear incident upon our excessive nerve activities as a people are much too severe for the maintenance of gastric integrity. The strain almost continuously put upon the central nervous system reacts disastrously at the sympathetic foci of food conversion. Nevertheless, it is not the amount of work actually done, not the muscular exertion nor the nerve labor in itself that are responsible for the diseases of the stomach and intestine; but it is the manner in which the work is done, the excitement and irritation to which we subject ourselves.

AIDS TO DIGESTION.

With this very brief reference to the etiologic factors of our national dyscrasia, let me pass to a brief consideration of the trend of opinion with a large class of pathologists concerning the treatment of gastric disorders, which may be introduced in the following parliamentary style: Whereas digestive enfeeblement is due to incapacity of the organism for the proper conversion and assimilation of food substances, to-wit—the stomach failing to secrete its normal juices, the liver being incompetent to produce sufficient bile, the pancreas too feeble to supply its quota of emulsifying fluid to the duodenum, the spleen overcrowded for the exercise of its function, it is necessary to supply in some convenient

form, as mechanically or chemically prepared, compositions and extracts organic or inorganic, which shall aid to the effective operation of the digestive apparatus, and thus supplement the needs of human nature for tissue nutrition.

How respondent to this is the manifestation of interest on the part of druggist and chemist, who would supply the physician with the organic derivatives, the peptonates and the diastases, and other kindred incitants of stomach function! The professional consensus is thus complemented by the commercial or business interest, and it would appear that such a combination should meet the popular demand in so happy a fashion as to furnish relief to all digestional woes. But is this the case? Really far from it. Indeed, so far from it that there are some physiologists who assert that we are almost as much in the dark with regard to understanding the vital procedure of digestion as were our grandfathers; and however skilfully we may treat stomach and intestine our peptonates and maltates and enzymes will have but a limited range of usefulness. Whether the trouble of our patient be salivary, peptonic, amylaceous, hepatic or what not, the products of the laboratory fail to produce the intended effect.

One has said of amylaceous dyspepsia: "It has long been a problem of the profession, a *bete noire* of disease which we could not reach. If we used alkalies we rendered the saliva too alkaline; if we prescribed acids we neutralized the naturally existing alkalies, so necessary in that fluid. . . . It does not always happen that digestion occurs in the test tube exactly as it is thought to occur in the human stomach; there are, however, many things to be gathered in the study of digestive ferments from theories in the lecture room and tubes in the laboratory."

The experiments of Beaumont with

Alexis St. Martin, and the later experiments with tubes that are introduced into the stomach of the living subject furnish many lessons regarding what nature does with this or that substance.

NATURE'S RESOURCES.

In our zeal to provide aids and substitutes for digestion the proper value and capacity of natural function seems to be overlooked. We limit the power and quality of the nervous apparatus having relation to gastric function and need to be reminded that nature has endowed it with a very broad field of adaptation as concerns foodstuffs; it will appropriate to the purpose of nutrition substances widely different in composition. From the whale blubber of the Eskimo to the viscid clay of the Ottomacs its capability of conversion indicates a protean diversity, so that the term "omnivorous" of the naturalist is not far-fetched in its application to the human alimentary function.

Of the races and tribes of the world scarcely two feed alike, yet all find in the products of their habitat sufficient material, be it animal or vegetable, of the land, sea or air, to satisfy the cravings of appetite. The peasantry and laboring masses of Europe content themselves for the most part with cereals—oatmeal, bread, potatoes, rice, barley and maize—with the addition of vegetables, milk, butter, cheese, oil, etc., according to custom, or necessity. The well-to-do Englishman demands his mutton chop or rib of beef as essential to his vigor, while the Scotchman maintains a higher degree of general robustness on his porridge and milk. The hardy "bashibazouk," after a day's hard fighting amid the mountains of the Caucasus, regales himself with blackbread and onions, while that Yankee of the far East, the nimble Jap, is content with a handful of rice to begin and end a day of severest toil.

It is not long since physiologists found it necessary to modify views on tissue nutrition that had been regarded for a long time as standard. The teaching that foods were divided into muscle-building proteids and the oxidizing carbonaceous foods is now disproved, and we are more certain that nitrogenous or proteid tissues are not alone the result of proteid compounds and that fat accumulation in the body is not due altogether to consumption of fats and carbohydrates. It is also known to the experimental observer that hard work has little if any effect in the consumption of nitrogenous tissues beyond the degree of such consumption when the person is at rest; while muscular activity is attended with loss of carbonaceous matter. The disposition of mankind at large to use a large proportion of the carbonaceous compounds in their diet is thus seen to be but a natural expression of physical need.

Assuming, however, that such a proposition as that proposed by Professor Voit to be correct, namely, that in the foodstuffs required to maintain equality between bodily income and expenditure, there should be five times as much of the fats and carbohydrates as of the proteids, man has but to eat sufficient food to obtain these proportions at least. It must be noted that the proportion above stated is the result of studying the relation of diet to physical exertion. People generally respect the demands of the appetite and pay little attention to economic principles in their choice of a dietary. To be sure, more regard is paid by modern society to the hygiene of diet than formerly—yet is dyspepsia less common among us? I would not go to the length of Fothergill in decrying the use of artificial digestives, but I feel justified in maintaining with Manges that the usefulness of the various ferments, etc., in gastric disorders is a limited one. Further, I would call

attention to the fact that this opinion finds a recognition in most of the later treatises on the physiology of digestion or diseases of the stomach.

RELATION OF NERVE FATIGUE.

While the chemist may obtain results in tube or beaker that appear very definite in character as regards the potency of a certain enzyme, it must be appreciated that the biochemistry of the human body is quite another thing, that the processes of life have certain peculiar properties in their operation that are entirely wanting in the action of the pepsin or the ferment that is mechanically placed in the laboratory tube. Certain reactions may be positive enough in the test tube, but in the stomach these reactions may never occur, or be so modified by the conditions within the stomach as to be quite negative in result. Hence it is that the physician is so often disappointed in the sequelae of a treatment of which he had formed a most sanguine view. The nervous relation of alimentation, the vital sources of gastric change, had not been sufficiently considered; the power of the stomach secretions to decompose and change, and counteract the remedies exhibited had not been adequately estimated.

Further still, it is to be considered that nature has reserves that may be put into the gastric field and do excellent work in cases considered desperate. Even in the absence of pepsin or rennet in the secretions of the stomach membrane, there are the various enzymes and salts of the pancreatic, hepatic and intestinal secretions that are capable of doing the work of conversion. Kellogg* reports as one result of a careful examination of the stomach contents of nearly 4,000 patients having chronic disorders of that organ, that a deficient amount of ferment was discovered in but 1 per cent. of them all. The fact that these ferments exist in the body and that their deficiency may

be the cause of intestinal disorders is the chief warrant for the administration of artificial substitutes. Probably it is no libel to say that a large number of us employ them as a convenient form of placebo in cases where the patient's condition suggests little if any active medication. This is done, too, with the impression that if the ferment does no good it will do no harm—an illogical notion, and really pernicious in effect. These artificial substitutes for the natural products of a living organism may do harm. This has been urged by Brunton, Laabe, Grote and others, and in the circulars and "essays" of the manufacturers we may daily read of the inadequacy and inequality of this or that peptonate marketed by some competitor.

But of the contentions and rivalries and theories of chemists and dietiticians, the great body of people care not a jot. To satisfy appetite is the main purpose of eating with them, and that which is simple, "hearty" and coarse is preferred to the elaborate dishes of the epicure. Note the buxom men and women, the plump, red-cheeked children of the laboring classes, especially those from other lands; their intelligence rises not into the realm of contemplating their food through the glasses of the hygienist. The sturdy mechanic sits down to a table that is laden with a stew, or a roast, or a soup, flanked with a side dish of potatoes or cabbage, a liberal chunk of bread and a cup of coffee or tea, eats to contentment, and afterward goes to his bench or recreation without a thought of his stomach. Your cultivated merchant or professional man, fastidious and finical in his eating, is troubled with a rebellious stomach; his nerves are over-sensitive. The elaborate variety he deems of so much importance to good digestion and thorough nutrition does not save him from pyrosis and constipation.

The hospitals and sanitariums for chro-

* Modern Medicine, March, 1896, p. 57.

nic disease are attended in the great majority by dyspeptics. These furnish us a history of nerve function irritated and worn by irregularities and negligence, and if they find relief and healing at their chosen retreat, it is because of its simple food and restful regime.

CONCLUSIONS AND COROLLARIES.

Looking at the subject of nutritive failure from the point of view of nerve fatigue it is not so remarkable that the broken-down stomach will exhibit as a rule a ready capability for the recovery of its functions when given the needed opportunity by the abandonment of the unnatural course of life that has impaired it. If in ordinary affections of the alimentary system the nerves play an important part, how much more important is their relation to wasting diseases, such as tuberculosis, carcinoma, ulcers, diabetes, chronic nephritis, etc., diseases that force the food question into most conspicuous notice! I believe myself warranted in saying that here especially the office of the nerve centers is accentuated and must be taken into careful account with regard to any treatment. In kidney maladies prohibition of starchy foods, oils and fats may appear to modify symptoms favorably, yet the continued decline of the patient in strength indicates that the good supply of proteids we may put into his stomach is not properly assimilated. The "restricted diet" is not what is indicated, and we return to the "all around" feeding; there follows a gain in weight and the patient feels better generally.

But does the absence of carbohydrates in the so-called "diabetic dietary" prevent the production of sugar? No. The blood contains sugar, normally. The tissues contain a good proportion of the carbohydrates, and thus in themselves furnish the material for the organic production of glucose. These are facts to be appreciated in our management of kidney derangements. A healthy man could not

live on a purely nitrogenous diet, as Landois says, and as experience teaches; so that in a disease of such rapid metabolism as diabetes it is apparent that the food should be as much as possibly of the mixed variety.

That the nervous apparatus of the stomach must play a large part in the diabetic expression seems to me to be clearly made out by the fact obtained in the exhibition of codein, to which high value is very properly given as a remedy in the therapy of diabetes. Several years ago while on my way to Northern Vermont to attend a consultation I fell in with an elderly clergyman, who, learning somehow of my profession, gave me a history of his experience as a diabetic. He had been a missionary in Africa for many years, and finally, on account of the malady, was compelled to withdraw from active service. On his route homeward he fell in with an eminent English physician, who put him on "codeia" with such excellent effect that he found himself after a little time in a comparatively comfortable state, and he assured me that this was the situation at the time of our meeting.

A little thought upon a case such as this would make sufficiently clear the relation of the nervous system to the gastric and renal lesions involved in functional innutrition and convince us of the existence of a neuro-alimentary dyscrasia as the basic element in the malady. The pathologic showings, such as we have, of the importance of the duodenum as a functional center for those metabolic changes by which saccharine matter is derived, intimate the relation of the "second stomach" to the etiologic factors in diabetes. Dr. J. M. Allen, in a paper before the Association, in 1899, reviewed the symptoms, and pathologic evidences in twenty-six cases, and arrived at the conclusion that it is the duodenum in which chiefly occur the lesions that are

causative of the dreaded malady. Taking into consideration the origin and distribution of the par vagum and the connection of the duodenum with the sympathetic centers, he is inclined to regard "peripheral irritation as the more probable factor in the disturbance of the glycogenic function. Brown-Sequard and others have well established the fact that reflex irritation is sufficient to arrest and prevent secretion, and, if continued long enough, to produce structural change of tissue."

TREATMENT.

In the detail of treatment founded upon these conclusions, he advises the taking of such foods only as can be digested in the stomach, thus allowing the duodenum to rest, and preventing congestion. For the control of reflex irritation morphin or chloroform three times a day is advised. The principle in view is not deprivation of the carbohydrates in the food given, for the sake of avoiding the excessive secretion of sugar, but to supply the diabetic with ample nutritive material, and at the same time afford the nidus of functional derangement the quiet essential to recovery of normal condition. The use, then, of codeia by the older physicians is seen to have a physiologic foundation, and, with our better comprehension of the procedure of digestion, we should be enabled to combine the principle of rest with the principle of appropriate feeding in treating diabetes and allied maladies more successfully.

Reviewing the points involved in the field I have traversed with such brevity, is it not clear that one factor in the vital economy of the human constitution has been much neglected, viz., the relation of the nervous system to digestion? Is it not a matter of oversight that heredity may be a causative factor of diabetes, or that a gouty diathesis has a relationship to its existence, or that there is a possible connection between it and a disordered

pancreas, as Von Mering and Lepire appear to insist? Nevertheless, the chief objective in the management of diabetes is to bring about a better nutritive condition, an improved constitutional feeling, a more cheerful view of one's personal relations to life.

On this account have we not resorted to methods in treating dyspeptic cases that were either quite unnecessary or contributory to greater disturbance of the alimentary organism? Instead of inducing calm have we not considered it necessary to give excitants and stimulants to arouse the weak and atonic stomach, when what was really required by its nervous apparatus was rest? After all our generalizations we have not fathomed the mysteries of nutrition, and the fact remains that nature in the recesses of subconscious activity can better manage the procedure of tissue building and repair than we can with all the wonderful array of tonics, emulsions and extractions. If it be rational to "give the devil his due," it should be more reasonable to give the gastro-intestinal system credit for capacity to do its own work, and not hastily or deliberately interpose obstacles to hamper or prevent its efforts to serve us. —The Journal. A. M. A.

A NATURAL METHOD OF DRAINING THE PERITONEAL CAVITY.

J. G. Clark (Univ. of Penn. Med. Bul., vol. 14, No. 9) says:

1. The peritoneum has an enormous absorbing function, being capable of taking up in an hour 3 to 8 per cent. of the entire body weight.

2. Numbers of solid particles are carried in an incredibly short time from the peritoneal cavity through the diaphragm into the mediastinal lymph vessels and glands, and thence into the blood circulation, by which they are quickly distri-

buted to the abdominal organs and to the bone marrow.

3. The glandular bodies are at first largely transported as free bodies, swept along by lymph currents, but later the leukocytes act as the carriers.

4. There is, normally, a force in the peritoneal cavity which carries fluids and foreign particles toward the diaphragm, regardless of posture, although gravity may greatly favor or retard the current.

5. After the introduction of micro-organisms into the peritoneal cavity, there is a great decrease in their number within the first hour, both through their intraperitoneal destruction and through their rapid absorption into the general system where they are dealt with. There is, therefore, no possibility of limiting free infectious matter to any part of the peritoneal cavity by mechanical means.

6. Vigorous streptococci which remain behind, develop, within six hours, a repellant or destructive quality for leukocytes, and the lethal combat is, therefore, inaugurated and well under way before drainage, as ordinarily employed, can possibly exercise any beneficial action. In many cases, therefore, in which surgical drainage is employed, patient recovers in spite of and not because of it.

7. A moderate amount of even virulent organisms, carried by the blood to the lungs, liver, spleen, kidneys, gastro-intestinal tract, and bone marrow, may be destroyed or eliminated without the least harm to the patient, whereas, if the same amount of infectious matter is detained about a surgical field in the abdominal cavity, or stagnates in a dependent pocket, they may generate myriads of others, and thus overwhelm the patient.

8. In many cases, therefore, drainage, as ordinarily employed is superfluous, or even dangerous, and the rational method is to remove all possible debris and infectious matter by thorough irrigation, and then leave one litre of salt solution

(0.6 per cent.) in the abdominal cavity, and in order to promote and hasten natural drainage, supplement this by an enema of litre of salt solution given while the patient is well under anesthesia and in the Trendelenburg posture.

9. Under this plan the patient is greatly stimulated, shock is minimized or averted, the urinary excretion is greatly increased, and thus toxic matters are more easily eliminated without irritation to the kidneys or bladder, peritoneal infection is quickly eliminated, while yet minimum in amount, thirst is alleviated or entirely prevented, intestinal peristalsis is promoted and consequently tympanitis is of less frequent occurrence, and the early action of the intestine evacuates infectious matter thrown out in the canal by the blood vessels of the villi.

All of these factors combine to reduce mortality after abdominal sections, to decrease the pain, discomforts and complications of the first forty-eight hours, and finally to hasten the recovery of the patient.—*Memphis Medical Monthly*.

HINTS TO DYSPEPTICS.

Eat slowly, masticating the food very thoroughly, even more so if possible than is required in health. The more time the food spends in the mouth, the less it will spend in the stomach. Avoid drinking at meals; at most take a few sips of warm drink at the close of the meal, if the food is very dry in character. In general, dyspeptic stomachs manage dry food better than that containing much fluid. Eat neither very hot nor cold food. The best temperature is about that of the body. Avoid exposure to cold after eating. Be careful to avoid excess in eating. Eat no more than the wants of the system require. Sometimes less than is really needed must be taken when digestion is very weak. Strength depends not on what is eaten, but on what is digested. Never take violent exercise of any sort,

either mental or physical, either just before or just after a meal. It is not good to sleep immediately after eating, nor within four hours of a meal. Never eat more than three times a day, and make the last meal very light. For many dyspeptics, two meals are better than more. Never eat a morsel of any sort between meals. Never eat when very tired, whether exhausted from mental or physical labor. Never eat when the mind is worried or the temper is ruffled, if possible to avoid doing so. Eat only food that is easy of digestion, avoiding complicated and indigestible dishes, and taking but one to three kinds at a meal. Most persons will be benefited by the use of oat-meal, wheat meal, cracked wheat, and other whole-grain preparations, though many will find it necessary to avoid vegetables, especially when fruits are taken.—Public Health Journal.

MORNING SICKNESS OF PREGNANCY.

P. H. Strausz (*American Med. Compend*) in a paper before the Lucas County Medical Society, states that he has been able to confirm Mr. Eliot's experience with tincture of iodine. Eliot, in the *N. Y. Med. Record*, reports a case in which five drops of tincture of iodine in a teaspoonful of sweetened water was given. The effect was magical, the vomiting ceased at once. Strausz continues, that in his own cases he has had most marked success in two cases in which he tried almost all the remedies except dilating the os. Many physicians have recommended the use of the compound tincture, but Strausz always used the ordinary tincture.—Brief.

PERTUSSIS.

In the treatment of whooping cough, the most satisfactory method we have ever used is the following: Prepare a solution of alum in syrup, one grain to each

drachm. Add ten drops of the tincture of belladonna to two ounces of syrup of tolu. Give drachm doses of these remedies alternately every hour.—Chi. Med. Times.

WARTS AND MOLES.

Twice daily touch each with enough glacial acetic acid to saturate without allowing to touch the healthy skin. If this results in soreness, too much acid has been employed; suspend for forty-eight hours, and again resume. The warts and moles turn brown, rapidly disappear and leave no scar. There is no danger. Do not tell the patient what is being used, though it may safely be placed in his or her hands, with caution.—Taylor Brief.

WOMEN EXCLUDED FROM MEDICAL COURSE.

The medical course of Konigsberg is nominally open to women—but in consequence of three professors, Pape, Lossen and Steida, having closed their lectures to women students, they are prevented from completing the course.—American Medical Journal.

NASAL CATARRH.

Most ozenas and catarrhal discharges are readily relieved by the exhibition of berberis. If the Highmorean antrum is implicated, relief is prompt if the remedy is administered in full doses.—Heitzman.

URIC ACID FALLACIES.

Frank Billings declares that some of the fallacies of uric acid are: 1. That uric acid is toxic. 2. That it is a causative factor in any disease except gout. 3. That "uricacidaemia", meaning acid blood, exists. 4. That the chemical reaction of the blood may be altered by the use of medicinal quantities of the alkalies or by diet. 5. That uric deposits may be dissolved out by the administration of alkalies. 6. That lithia is a uric acid

solvent of unusual potency. 7. That uric acid is an abnormal constituent of the urine. 8. That an excess of uric acid in the urine at one time or a deficiency at another time indicates an abnormal condition in reference to uric acid. 9. That rheumatism is due to uric acid. The writer adds that our present position in relation to uric acid consists not so much in positive knowledge as in the throwing aside of an accumulation of old theories and absurdities.—The Alienist and Neurologist

ITEMS.

The osteopaths' bill regulating the practice of osteopathy in New York is practically killed, as it will not be reported by the Senate Judiciary Committee.

Dr. J. A. Rega of Gouverneur, New York, although seventy-eight years of age is doing a large office practice.

We are sorry to announce that Dr. Byron Clark fell while walking in his office and sustained a fracture of the lower leg.

We see by the Crawford Tribune that Dr. Anna Cross has been kept busy with acute cases in her section of the country.

Dr. Paul F. Munde, the well known gynaecologist and teacher, died Feb. 7th.

The reception to Profs. Fitch, Sibley and Gunning on the evening of January twenty-fifth proved a great success and gave the Professors a splendid opportunity to meet the representative Eclectics of the City.

NEW HOSPITAL GOVERNMENT IN NEW YORK.

On February 1st the control of Bellevue, Fordham, Harlem, and Gouverneur Hospitals, and the Emergency Hospital

in East Twenty-sixth street, New York, passed from the commissioner of charities to a board of trustees. A member of the board to be appointed by the Mayor upon the recommendation of the United Hebrew Charities, the Particular Council of New York of the St. Vincent de Paul Society, and the Association for Improving the Condition of the Poor. Selections are to be made from a list presented by these organizations. The medical boards are to be retained, but any vacancies occurring are to be filled by the trustees from the medical profession of the city. House and medical officers are to be appointed upon the recommendation of the medical board.

I take the true definition of exercise to be labor without weariness.

Labor is exercise continued to fatigue; exercise is labor used only while it produces pleasure.—Dr. Samuel Johnson.

If you forgot it last month, don't fail to fill out the subscription blank to be found in the back of this number.

"A Stuffed Club for Everybody" is the name of a monthly edited and published by Dr. J. H. Tilden of Denver, Colorado. Send for it and read it. It will start your "think tank."

BOOK REVIEW.

The forty-first annual publication of the Massachusetts Eclectic Medical Society for the year ending June 6, 1901.

The Eclectics of Massachusetts have a well organized society and some of the best known writers and thinkers of our "National" are active members of this organization. In this publication we find the record of the proceedings of the Society for the year 1900 together with a very complete and instructive paper on "The diagnosis of kidney lesions by the microscopical examination of the urine.

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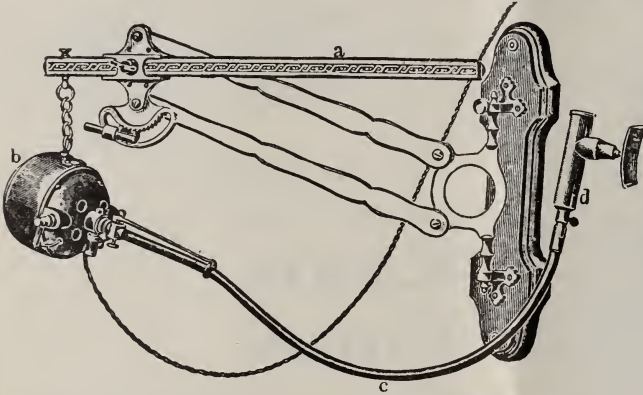
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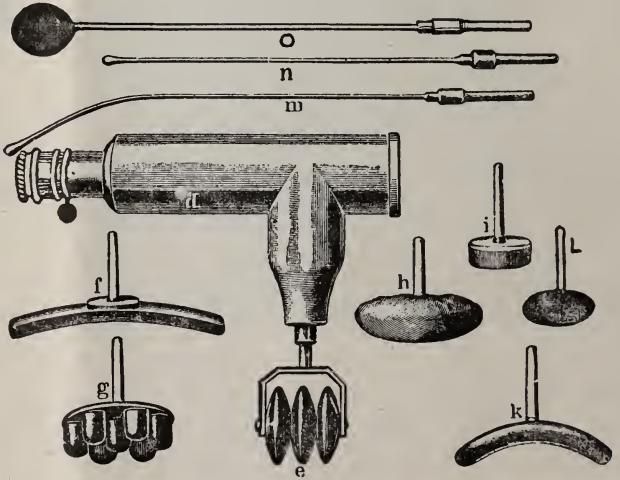
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BETTER ORGANIZATION.

Extract from the address of welcome of Prof. W. R. Spooner to the Eclectic Medical Society of the State of New York.

After congratulating the Eclectic Medical profession on its excellent record of steady progress and advance, he said :

The present laws, regulating and limiting admission or license to practice medicine in this State, have been and are a blessing to the Eclectics, though at the time of their enactment it was apprehended by many, and indeed there is reason to believe that those laws were framed in the expectation that they would serve to make it more than difficult for our graduates and students to enter the medical profession in this great Commonwealth.

In the practical application of the laws, however, as all applicants for license to practice medicine must pass the same examination, it has become impossible for our rivals now to discredit our young men and women as they formerly did, as lacking in proper and necessary education and training. Indeed, we are able truthfully to contend that our graduates and students are better educated, better trained, better prepared than others, for those who go before the Regents for examination from our colleges, are more uniformly successful, and show less percentage of rejections than any others.

So noticeable and pronounced is this, that effort has been made, and more decided effort will be made as time passes, for the amendment of these laws to our disadvantage. Our protection against such efforts can only be assured by constant watchfulness and thorough organization.

Medical practitioners, occupied and burdened with every-day duties, which give no let up, and afford little opportunity for communication with their fellows in the profession, may at first thought regard the suggestion of such organization as absurd because impossible, and to such I say it is

not absurd, and so far from being impossible, it is really simple if you organize in the right way. Such organization involves not only membership in and regular attendance at local, county and State society, there to discuss and formulate plans of action, but it requires also ready means for immediate communication with each other, an Eclectic circulatory system, which will carry from Albany, through the arteries provided by Uncle Sam's mail, to every Eclectic in the State, the information of every danger which threatens, and take back to Albany through that same mail as the veins of the system, the petitions, letters, protests and other epistolary influences which have ever been controlling with legislators, because coming from their homes, from people whom they know and respect and whose votes they have needed and will continue to need.

For this purpose, every Eclectic physician in the Empire State should observe two duties, the one to give his name and address to the officers of this State society, and to his county and other local society, and the other to personally know and cultivate, and become well acquainted with his Assemblyman and Senator in the State Legislature. The officers of the State society, being charged with the duty of learning the pendency of every measure in the Legislature which affects Eclectic interests, and of promptly informing physicians and county and local society officers of the necessity to advocate or oppose those measures, as the case may be, and the county and local officers in turn giving additional notice to every individual, each physician should himself write at once to Senator and Assemblyman his wish, and have his *clientele* at home generally do the same. If this be done, and with that promptness which should characterize earnest men and women in every good cause, it will need but three days at any time after the sending of no-

tice from Albany, to land in Albany thousands of such letters from the hundreds of Eclectic doctors between the extremes of Montauk Point and Lake Erie, the Canadian line and the Pennsylvania border.

Do not mistake what has been said, and argue from it, that thorough organization is desired for the sole or principal purpose of advancing needed and preventing improper legislation. On the contrary, that is but an incidental purpose. You want and should have organization for yourselves, to be always in touch with each other, and with the advancing thought of your profession, which should prompt you as Eclectics to have local society in every community whether your number be few or many, to maintain a county society in every county and to send a full list of delegates from each county society to the State society, and from the State society to the National. It is not enough to have these societies, but you want to make it a point to attend their meetings, and to have something practical and beneficial to submit at each meeting.

The above address delivered before the New York State Society in 1898 is good reading at this time, when the necessity of proper organization is so much needed in our School. Professor Spooner's words have the proper ring to them and what he says of New York State applies to every State and to our National.

COMPULSORY VACCINATION.

The bill before the present Legislature seems hardly necessary, as the president of the New York Board of Health Dr. E. J. Lederle makes the statement that, "We have had no trouble in vaccinating every one we wished to," and there has been no report of opposition to vaccination in other parts of the State. It seems to us that the introduction of the bill and its possible passage will simply excite opposition. Call out and give notoriety to the ANTI'S who love just such opportunities to

shout about personal liberty, the Constitution, etc. Better than to *legislate* on this subject—*educate*. Give the masses the opportunity to understand the subject, have lectures delivered in simple, plain language, to the people by qualified persons and reports of the same published and distributed to the masses. By this means you could minimize any opposition and yet not have to resort to compulsory legislation.

NEW YORK STATE SOCIETY.

Arrangements are about completed for the meeting on April 2nd and 3rd, and unless all signs fail this will be one of the most interesting in its history. The local Societies in greater New York promise large delegations. President Sinclair will see to it that Central New York is well represented, and Dr. Lee H. Smith assures us of a fine delegation from Buffalo. The local arrangements are in the hands of a competent committee, with that hustler, Dr. Robert Liston, as chairman.

A large number of fine papers is scheduled, and a report by the Dean explaining the plan and scope of the new college building enterprise, will certainly make this an interesting meeting.

Can you afford to miss it? and take the news of this new college building which means so much to every practitioner of our school; the monument that must be built for Eclecticism in New York, and in the glory of which every one can share. Do you want to take this news second hand? Do you want to wait for the publication of the papers read and discussed (which may be a year or more)? Or will you attend, and thereby be enabled to profit at once by hearing the papers and discussing the important points with your brethren?

Lanolin will prevent bedsores if rubbed into the skin as soon as it becomes red and tender.—Summary.

GEORGE W. KING, M. D.

On the morning of March 7th at the residence of his grandson, Earl H. King, M. D., Dr. G. W. King died after a short illness.

Dr. King was seventy-six years of age, hale and vigorous almost to the last. He enjoyed the respect and confidence of the community where he had lived so many years, and was Postmaster of King's Station from 1886 until his death. Dr. King was twice President of the Eclectic Medical Society of the State of New York, a member of the Saratoga District Society and also of the National Association. No man in our State Society was more widely or more favorably known than Dr. King. He was an original thinker, a fine writer and speaker. His was an exemplary and useful life. His heart was full of kindly sympathy for humanity and his honesty of purpose no one could doubt. In the councils of our State Society we shall all miss him.

THE PHILOSOPHY OF HYPNOTISM.

By JNO. T. SIBLEY, A. M., M. D.

Read at the January Meeting of the Specific Medication Club.

The word hypnotism is a misnomer in a certain sense.

It is, as we all know, derived from a Greek word, meaning sleep; and a very common error is to believe that the hypnotic state is always one of unconscious somnolence. Hypnosis is simply an induced psychical condition in which the subject is more susceptible to the influence of suggestion. A person may be hypnotized and be wide awake, and some of the most remarkable cures that I have ever witnessed, during the years that I have investigated the subject were made when the patient was perfectly conscious,

and apparently in a normal condition in every respect; except that there was an inability to open the eyes to the full extent.

No two investigators of hypnotic phenomena have had the same experience; and conditions have varied so much, that to formulate an intelligent theory that would cover all cases, has been well nigh impossible. We are beset at the very outset with this plain undeniable fact; we *know* absolutely nothing of the *real* workings of the human mind.

Quite a large volume would be necessary to catalogue all the various theories that have been advanced from time to time to explain these phenomena; and not till the researches of Liebhault threw new light on the subject, was there outlined anything approaching a satisfactory working hypothesis.

Some of the old theories worked very well when applied to one class of facts, but failed utterly when applied to another; and consequently the students of hypnotism have been divided into schools which waged relentless war on each other.

Many of these theories were so chimerical that it would profit the investigator but little to give them serious consideration.

The work of Father Gassner was so wonderful and the excitement he created so profound that we are justified in giving notice to his theory, which while not altogether new, had an aspect of originality about it, and which conformed to the superstitions and credulous character of the times. Gassner was a close student of the New Testament writings, and allusions to demoniacal possession made a profound impression on him.

With many others of his day he was a thaumatolatrists, and the works of the magicians were his especial study. This peculiar training evolved from his mind the conviction that all abnormal physical and mental conditions were due to the

presence of evil spirits, whose hurtful influence could only be overcome by conjuration and prayer. He was very religious, and to his mind great and lasting benefits of any nature could be bestowed by the church only. It is no wonder that he considered the curing of disease the especial province of the church.

He officiated as a Catholic priest in several parts of the Tyrol, and began to carry out his ideas first among his parishioners. His work was brought to the notice of the Bishop who called Gassner to his residence, and was for a time very much interested; but he finally concluded that Gassner was an imposter and ordered him to cease his work of treating disease, and devote his time to the legitimate business of his official calling. This Gassner refused to do, and he succeeded in interesting many church dignitaries, and men of high social position and political distinction. Like all who had preceded him in the effort to cure disease by unusual means, he lost his influence finally, and his theory of demoniacal possession fell to the ground.

The next theory worthy of consideration is that of Mesmer, or the theory of fluidic emanations. He called it the theory of "Animal Magnetism." Leaving out of consideration at this time the character of Mesmer, we must admit that his experiments were the cause of the subsequent careful investigation of the subject by others, and he is entitled to the credit of bringing the matter of psycho-therapeutics to the attention of the scientific world in such a manner that it could no longer be passed by without some notice. He believed that a magnetic fluid, imponderable and imprecipitable, pervades the universe, but is most active in the human nervous organization. This magnetic fluid impinging on the bodies of others, brings about a peculiar mental and physical condition, during which the patient is cured of disease.

Nearly all the names given to the various systems of psycho-therapeutics growing out of the various theories that have claimed the attention of scientists have implied a theory. Thus the term "Electro-biology" used by Dods and Grimes in America referred the phenomena to electrical currents. Odylic force was a term given to a power of a mysterious character, by which all the phenomena of mesmerism could be explained. Clairvoyance implied a power of mental vision, and hypnotism, sleep.

The Abbot Faria, some times called the Brahmin, who came into notice about the time Mesmer died; advanced a theory that in some respects, differs but little from that of some of the most advanced thinkers of to-day. He held that the phenomena of mesmerism are purely subjective, and that the mesmeric sleep cannot be induced without the consent and the aid of this subject. This announcement was made in 1815, and at this time, nearly a century afterwards, there prevails a widespread belief that the hypnotist possesses a power that many people cannot resist.

The infamous stories told of the dangers of hypnotism have grown out of this belief, and the legal aspects of hypnotism have been given too much attention. Crimes that have been attributed to the effects of hypnotism cover pretty much the whole list; from the mildest misdemeanor to the most shocking felony. I have never known of my own personal experience of a case, where a hypnotist has been able to take advantage of a subject when in a hypnotic state. Svengali is a libel on one of the greatest blessings ever bestowed on mankind, but the sensational character of many newspapers, which regardless of the actual facts, in their efforts to print something startling or mysterious, causes them to pervert and distort some simple case into one of a most marvellous character.

That persons may be induced to commit

crime while in the hypnotic state, I will not deny; but all such persons so influenced, could have been persuaded to perform the same deeds in their normal condition; and he who offers hypnotism as an excuse for crime, confesses, I think, to a criminal character. You cannot persuade a person when hypnotized to perform any act that conflicts seriously with his principles, or which endangers his person. A temperate man cannot be made to drink wine, and the attempt to make him do something against his religious scruples, will almost always restore him to consciousness, no matter how deep may have been the hypnotic sleep. The moral nature is stronger in hypnosis than in the normal state. There are some susceptible persons who do not know that they can resist the power of the hypnotist. They expect to be influenced and yield without an effort to prevent it. All such cases can resist, if they know that they can, and will make the proper effort.

When Braid first began his investigations after witnessing the experiments of La Fontaine, he accepted Mesmers magnetic theory; but soon discarded it, and strove to explain the phenomena on other grounds. Others besides Braid have attempted to explain the phenomena of hypnotism on the basis of physiology or cerebral anatomy. All such efforts have failed; because as Faria first pointed out, the phenomena are purely subjective. Braid felt sure that there was some principal of physiology at the bottom of the matter. Although mistaken, he succeeded in annihilating the pet theory of the mesmerists, and in gaining the favor of the academicians. His method of inducing the hypnotic state was simple and easily applied, and this helped his theory in no small degree; but best of all, he gave the phenomena a new name. The word mesmerism had become a synonym for things monstrous and detestable in the minds of many and with the downfall of his coun-

tryman, Elliotson, fresh in his mind, he became very cautious in the re-christening. He rejected "Animal Magnetism" because it suggested too strongly magnetic currents. "Animal Electricity" implied about the same thing. "Patheism," from a Greek word meaning disease, and "Etherology" were without meaning when given to the subject. "Psychodunamy," signifying the influence of the soul, did not suit, and "Electro-biology" was too American to be considered at all. Many other terms were considered, and he finally coined the word "Neuro-hypnotism." The prefix was soon dropped, and the word hypnotism has become universal.

Braids work was not so much in evolving a new theory, as in introducing new methods. His investigations stimulated others, and soon a new crop of diverse theories sprung up, some based on the grounds of physiology, some on the basis of chemistry, and others on psychological grounds, and still others ascribing the phenomena to chemico-psycho-physiological action. One after another these theories were proven untenable, and just in proportion as the idea of suggestion was overlooked, just in that proportion did the theory fail to work.

Heidenhain, Professor at Breslau, attributed the hypnotic phenomena to inhibition of the ganglion cells of the cerebral cortex. Cullere, the eminent French psychologist, thought them due to simple functional disturbance in the front half of the cerebral cortex. Mendel, of Berlin, advanced the idea that the phenomena could be explained on the ground of strong stimulation of the cerebral cortex. Ziemssen, whose opinion was never worth consideration, inasmuch as he was opposed to the use of hypnotism, had quite a following on the theory that hypnotic phenomena are due to want of stimulation of the cerebral cortex. Preyer, of Berlin, maintained that fixed attention causes rapid accumulation of waste matter in cer-

tain portions of the brain which is followed by a quick local consumption of oxygen of the blood, and this in turn causes loss of activity of the cerebral cortex.

Preyer's theory became quite popular, but went the way of the others, as soon as it was pointed out that it takes time to remove waste matter in the brain or elsewhere, whereas the hypnotic condition may be discontinued instantly.

J. Hughes Bennett, of Edinburgh, thought the phenomena due to functional disturbance in the nerve fibres connecting the ganglion cells. Braid at one time held that altered circulation in the brain would explain the phenomena.

Carpenter and Hack-Tuke advanced the theory of cerebral æmia; but when the well-known oculist of Breslau, Forster, demonstrated with the ophthalmoscope that during hypnosis the circulation in the retina is perfectly normal, the theory of cerebral æmia was abandoned. Heidenhain advanced another theory: that of cerebral hyperæmia, for he noticed that subjects could be hypnotized while inhaling nitrate of amyl, which always produces this condition.

Dr. Brown-Sequard, of Paris, explained the phenomena by decreased action in one part of the brain, caused by increased action in other parts.

Several distinct systems of psychotherapeutics have been reared on some of the various theories; Christian Science, Faith cure, Mind cure and others.

Some of the older systems embraced the king's touch for goitre, invocations of the gods, the magic formulas of Esculapius, the sympathetic powder of Paracelsus, the miraculous cures at Londres, and through the relics of the Saints; and the methods of Greatrakes, Gassner, Faria and others. All these methods have been used successfully in relieving pain and curing disease; and the great question that presents itself to the mind of every student of psy-

chology is, can there be some general underlying principle that will harmonize all the differences of these various and apparently incompatible theories, give a solid starting point, and demonstrate that the cures that have been made have been the result of identical methods. It is difficult to see wherein the theory of Christian Science, considered by many so bizarre as to excite ridicule, could produce results identical with those produced by Gassner in his theory of demoniacal possession; but the theory of suggestion will reconcile even these seemingly contradictory methods. The researches of Liebault, which have thrown a flood of light over the whole field of psychological investigation, resulted in the discovery of the most important law in the whole domain of psychics: that suggestion is the basis of all hypnotic phenomena. It was used by Greatrakes, Maxwell, Gassner, Faria and Mesmer. Eliminate the element of suggestion from any system of psychotherapeutics, and failure will be the result. Suggestion does not necessarily mean that which is imparted by the voice. It may be given by a gesture, or even by the expression of the eye.

Man's mental organization is of a dual character; in other words we have two minds called usually by psychologists the subjective and the objective minds. The subjective mind is that inner consciousness, the cause of automatic cerebral action; the mind that perceives by intuition and not through the physical senses. It is the seat of the emotions, and performs its highest functions when the objective mind is in abeyance. It possesses independent functions and powers, and is nowise related to the physical brain. It is the intelligence that is manifested by a person in a hypnotic state. The objective mind is a function of the physical brain, and is the cause of conscious cerebral action, which leads us to a proper appreciation of the objective world. It is the

mind that man needs in his material environments, and whose means of perception are the five physical senses. The objective mind cannot be controlled against reason, or the evidence of the senses. If you state that you saw a man jump over the city hall, or that he bit a piece from an ingot of steel, you will not be believed, because what you state is unreasonable. If you state that the foliage of the maple is sky blue instead of green, you will not be believed, because what you state conflicts with the evidences of the sense of sight.

On the other hand the subjective mind accepts unqualifiedly every statement presented to it. It will reject no statement on account of its absurdity. If a person in a hypnotic state is told that he is over his head in water, though he be standing in your parlor, he will make an effort to swim out. If he is told that he is another person, he will personate that other person with wonderful fidelity. If he is told that he is a dancing master, he will give you an exhibition of grace and agility that will surprise you.

The subjective mind is incapable of inductive reasoning, and the evidences of the physical senses have no weight. The objective mind is capable of reasoning by all methods.

While the subjective mind cannot classify a number of facts, and build up some general law or principle, it can reason deductively with wonderful accuracy, and this power to reason from a general law to detail, has led some to overrate the capacity of the subjective mind.

The memory of the subjective mind is prodigious, and I believe it is absolutely perfect, and that nothing that we have ever seen or heard is forgotten. The statements of the best metaphysicians warrant such belief. Talents that have lain dormant for years, are sometimes used in cases of sickness where the subjective mind is in control. Language

learned, or even just heard in childhood are sometimes spoken in a fluent manner years afterwards, when all traces of them had long ago been eradicated from the objective memory. This wonderful subjective memory has led some psychologists to claim that the subjective mind is the soul, and that when we leave this vale of tears and trip up the golden stairs, that we take with us a perfect copy of everything ever perceived through the physical senses, as well as a perfect record of all our earthly acts.

The subjective mind has complete control of the intricate and complicated phenomena of vegetative life: circulation, respiration, nutrition, secretion, the chemistry of the organism, assimilation etc.; all carried on involuntarily, or without an effort on the part of the objective mind. Disease is an abnormal condition which nature is striving at all times to overcome. Abnormal conditions are dependent many times upon functional derangement, or perverted nervous action; and it is in diseases of these classes that hypnotism is especially indicated.

Many people are sick because they are the victims of auto-suggestion. They have thought themselves sick so often, that the repeated suggestion has taken root, and they suffer just as much, and with the same symptoms as though they were really out of health.

"The surest road to health, say what you will,
is never to suppose we shall be ill."

When a person is put in a hypnotic state, the objective mind is put in abeyance, the threshold of sensibility is displaced. We can then address the subjective mind, and produce a decided effect through suggestion on all the functions and sensations of the physical body. If we tell the patient that a certain disease from which he is suffering is dependent on functional derangement, and that he is now well, he believes what we say, as the faith and credulity of the subjective mind

is unbounded. These and similar statements persisted in will exert a direct and usually an immediate influence on the physical organism, that removes the diseased condition. This is according to the theory of the School of Nancy which takes the position that the induction of the hypnotic state, as well as the subsequent phenomena are attributable to the power of suggestion; and the explanation of the whole matter lies in the phychic powers of man alone.

The School of Paris, or as it is sometimes called, the School of Salpetriere, does not consider suggestion an important or necessary factor in the induction of the hypnotic state, or in the production of the hypnotic phenomena; and seeks to explain everything on the basis of physiology or cerebral anatomy. It is this school that considers hypnosis as an evidence of disease of the nervous system.

The School of Mesmerism ignores suggestion altogether, and attempts explanations on the basis of the magnetic fluidic emanations.

The School of Nancy is sometimes called the School of Suggestive Hypnotism; the School of Paris, the School of Physical Hypnotism; and the School of Mesmerism, the School of Fluidic Hypnotism.

Brooklyn.

THE TREATMENT OF DISEASES OF THE LACHRYMAL APPARATUS.

BY ALFRED W. HERZOG, M. D.

As we divide the lachrymal apparatus into two parts, namely, the tear secreting and the tear discharging apparatus; so also do we divide the diseases of the lachrymal apparatus into two different classes; the first comprising all the diseases which may affect the lachrymal gland, the other all those conditions which interfere with the proper discharge of the tears into the nose.

The first class of diseases is very rare.

It comprises inflammation of the lachrymal gland or dacryo-adenitis, simple hypertrophy of the lachrymal gland, luxation of the gland, neuralgia of the same, which is termed dacryo-adenalgia, cyst of the gland, called dacryops, also dacryoliths, neoplasms, etc.

We will not go any further into these conditions, but devote ourselves at present to the consideration of the affections of the drainage apparatus, which are as frequent as the others are rare.

A knowledge of the anatomy of these parts is absolutely necessary for the purpose of understanding these conditions thoroughly; yet a fair understanding for all practical purposes can be gained if we keep in mind that the tear discharging apparatus consists of a crooked drainage canal which has its beginning near the inner angle of each eyelid and its ending in the nose.

I may compare the tear conducting apparatus to the letter "Y" laid horizontally with the part after the union of the two shanks elongated and bent down to a vertical position.

The tears pass in a healthy eye, after having irrigated the conjunctiva of the eyelids and the eyeball through the two puncta lachrymalia, of which one each is situated near the inner angle of both the upper and the lower eyelid, then through the canalicula lachrymalia into the lachrymal sac. From there the tears flow through the nasal duct into the nose.

Nearly every affection of the tear-discharging apparatus will have as its principal symptom "stillicidium lachrymarum," that is to say a trickling of the tears down the cheek which is natural, as either a malposition of the puncta lachrymalia or a stricture or occlusion of any part of the canal from any cause will prevent the tears from running through into the nose and they will overflow and annoy the patient greatly.

A great many different conditions may, therefore, cause the same symptom, that is to say that any condition which interferes with the proper performance of the function of the tear conducting apparatus will cause *stillicidium lachrymarum*.

These conditions are: A malposition of the punctum or puncta.

Any malposition of the eyelids, as entropion or ectropion, may cause this.

Closure of the punctum, which is very often caused by a burn or other injury.

The puncta also may be too narrow through a catharral inflammation either of the eye or of the nose.

Then we may also find a narrowing of the canalicula, of the lachrymal sac or of the nasal duct.

We may also find a chronic catarrhal inflammation of the whole drainage apparatus or a blennorrhœic inflammation of the same.

Again we may find that a stricture of the lachrymal canal has resulted in a fistula which has opened near the inner canthus of the eye.

Yet it would be taking up too much space, were I to go into a detailed description of all the different conditions that may bring about the same result.

They practically all will dissolve themselves into one, namely, an obstruction in some part of the drainage system, interfering with a free discharge of the tears into the nose.

It has been my custom during my lectures to draw for the students of the Eclectic Medical College a parallel between the diseases of the tear discharging apparatus and the male urethra.

The conditions seem to me to be so similar both as to the different affections which we may meet and also as to the remedial measures which we may employ.

We know that anything which interferes with the proper discharge of the urine from the bladder is likely to set up an inflammation in the bladder; so also

anything that interferes with the proper discharge of the tears into the nose is likely to set up an inflammation of the eye, namely, conjunctivitis and blepharitis.

We also find conditions in the urethra caused by malposition of the meatus urinarius. These conditions, called epispadias and hypospadias, compare with malpositions of the puncta lachrymalia.

Again, we have narrowing of the meatus urinarius and strictures of the different parts of the urethra.

To these conditions I compare a narrowing of the punctum lachrymale or a stricture of either the canaliculus, lachrymal sac or nasal duct.

In some rare cases we find an obstruction of the urethra caused by some foreign body.

The same condition prevails, if, as frequently happens, an eyelash enters the punctum lachrymale and canaliculus.

Again, we may have a simple, a mucopurulent or a purulent urethritis or a true gonorrhœal inflammation of the urethra.

Even here the parallel fits.

For we may have a simple catarrhal inflammation of the lachrymal passages, or a mucopurulent or purulent inflammation or even a true gonorrhœa of the same.

There does not seem to me to be a great deal of difference between a case of cystitis and a case of dacryocystitis, or inflammation of the lachrymal sac. Nor between a lachrymal fistula and a fistula of the urethra.

And the similarity which exists between the different conditions also exists in their treatment.

If there is a malposition of the meatus urinarius a plastic operation is likely to remedy the defect.

A plastic operation is also the remedy in cases of malposition of the puncta lachrymalia.

If there is a too small opening of the meatus urinarius a meatotomy is resort-

ed to. In treating a too narrow punctum lachrymale we also resort to a meatotomy, which we call, however, in this case "Bowman's operation."

If we find a stricture of any part of the urethra our endeavor will be to overcome the stricture.

This may be accomplished in various ways, which are: Gradual dilatation, forcible dilatation, electrolysis, internal urethrotomy and external urethrotomy.

The same procedures hold good in cases of obstruction of the tear-passages, and while the technic is naturally, on account of the different anatomical construction of the parts different, yet the treatment is in the main the same.

We may dilate our lachrymal strictures either gradually by means of sounds of different sizes or we may use conical sounds for the purpose of accomplishing our object more quickly.

Again, we may divide the stricture or strictures from within in a similar way as is done in an internal urethrotomy, or we may in extreme cases resort to an operation from without, which would be similar to the operation of external urethrotomy.

We find that in cases of stricture of the urethra after dilatation or urethrotomy, the dilated lumen becomes narrower and narrower which we try to obviate by electrolysis.

In the case of strictures of the lachrymal canals the same holds good.

Although we may have succeeded to dilate the strictures to the utmost, yet in a great many cases they will again contract after a while, and this we try to cure by electrolysis.

What do we do in cases of catarrhal or purulent inflammations of the urethra? We first examine the patient to find whether there is any stricture and if so, dilate it; besides we apply to the canal different solutions, either by means of irrigation, syringing or applicators.

We act likewise in cases of inflamma-

tion of the lachrymal canals.

And so I might go on drawing my parallel, did I not fear to tire the reader and to use up too much space of the REVIEW.

So I will leave my parallel and draw the attention of the reader to several points which are of the greatest importance.

We will often find that a patient complains of an overflow of tears and we might naturally think at once of an obstruction of the tear-ducts.

Yet we must always remember that any inflammation of the conjunctiva will be accompanied by an increased secretion of tears; also that different diseases, neuralgias, hay fever and irritant substances will sometimes cause an irritation of the lachrymal gland, which will cause a hypersecretion.

But above all must we bear in mind that eyestrain will cause a hypersecretion of tears in a great many cases and, therefore, we must always test the refraction of our patients in any doubtful case.

It must also be borne in mind that many cases of lachrymal disease have been caused directly by nasal catarrh and this must be treated in all cases in which it exists.

If there are any hypertrophies, they must be removed.

If there is any crust-formation in cases of atrophic rhinitis, the nose must be kept absolutely clean.

The treatment of the strictures and the passage of the lachrymal sounds must be continued for a long while and preference must be given to the largest size probes that can be introduced.

As to the way of introducing the probes I must say that it is not to be attempted by the novice without guidance, for although in a few cases the passage of a probe is easily accomplished, in the vast majority of cases a great deal of skill and boldness is required.

In the passage of lachrymal sounds especially the dictum holds good: "Be sure you are right and then go ahead."

That is to say that you must know the right course, the right direction in which to introduce the probe and then use all the force necessary to push it through a bony stricture, overcoming all obstructions by main force.

If the treatment of dilatation is properly pursued, then any existing catarrhal or purulent inflammation of the passages can easily be cured by the use of sounds combined with the use of the lachrymal syringe.

If, however, the syringe alone is used, the treatment will in most cases be without any great beneficial effect.

Lastly, let me say that we will often find cases which have suffered from diseases of this class for a great many years and who will, when treatment by probes is suggested to them, state that they have been treated in this way by different physicians without success.

If this is the case it is safe to state that the sounds used have been either a great deal too small, or have not been pushed far enough into the nose, or the treatment has not been continued long enough, or some existing nasal trouble has been overlooked.

Patience on the part of the patient and thoroughness on the part of the physician will win the victory.

New York City, 154 East Thirtieth St.

A CLINICAL REVIEW OF SALIX NIGRA AMENTS OR PUSSY WILLOW BUDS.

By CHARLES WESLEY BRANDENBURG, M. D.

Read at the February meeting of the Specific Medication Club.

In review of the use of this excellent eclectic specific remedy, I have partly followed the lawyer's plan of research. The lawyer does not remember all of the law, but he knows where to find it recorded.

Therefore, I claim no originality, but what I give you is from the brain and mind of the fathers of eclectic therapeutics and practice and the experiences of the oncoming champions of specific medicines for specific pathological conditions. As near as I can learn, this drug was first introduced by Dr. F. T. Paine, of Texas. A writer has said that "*salix nigra* is a sexual depressent, but it has proven to be a dangerous drug in genito-urinary diseases, as it may cause permanent impotency. It proves harmful in the treatment of cystitis and prostatic troubles." I believe it is possible that the discouraging report of the writer refers to a preparation of fluid extract of *salix nigra*, which has been made from the bark of the black willow. Specific *salix nigra* aments is a drug made from the green aments of the black willow.

My clinical experience has been only with specific medicine made by Lloyd Bros. They use only the fresh green floral buds of the black willow, which they promptly make into alcoholic preparations in order to hold their remedial or medicinal qualities. This remedy is usually thought of as a sedative to the reproductive organs of both sexes. Pathological conditions of the sexual organs are brought to a physiological moderation by this drug. It is a valuable remedy in the treatment of spermatorrhœa, which implicates both the spinal cord and the brain. Specifically, it allays fear, despondency and nervousness, which we see in these cases. It is a most excellent remedy given to females when before the menstrual period there is much nervous disturbance and pain, either in the right or left ovarian region, accompanied by difficult menstruation. In practice, we frequently come in contact with cases in which it is not easy to differentiate the specific value between two or more remedies, each one of which, while partly indicated, does not reach all of the patholog-

ical conditions. Therefore, we find a combination or alternation of remedies necessary to a rapid cure of the case. Authors recommend the remedy treated in this paper for cystitis, but I find it acts best in small doses combined with some of the specific medicines like *cannabis indica*, *hydrangea*, *gravelroot*, etc.

In treating spermatorrhœa, when accompanied with insomnia, due to nervous exhaustion, I prescribe *salix nigra* aments combined or alternated with *specificavena sativa*. When associated with rheumatic diathesis, *specific cimicifuga*, when there is bilious colic with pain in the stomach, also in ovarian neuralgia, I combine it with *dioscorea* or wild yam. When there is dyspepsia with acid eructations after meals, combine it with *lupulin* (hops). I find *specific lupulin* has about the same therapeutic usefulness and in some cases acts better than *salix nigra*. When there is melancholia, due to uterine disorders, over exertion of the mental faculties, combine it with *pulsatilla*. In nymphomania, with distressing insomnia and restlessness, combine with *passiflora*. A combination of *salix nigra* aments, *gelsemium* and *pulsatilla* is recommended and is valuable in treating diseases in the genito-urinary tract. *Salix nigra* in a rectal suppository, one or two a day, has been recommended for spermatorrhœa.

Pardon me if I refer to one case. A neurasthenic young man, who was employed in a large department store to run the passenger elevator, came to me for treatment of spermatorrhœa in a mild form. He complained of loss of continuity of thought and at times could not remember if he were running the elevator up or down. I began treatment with *specific salix nigra* aments in twenty-drop doses, four times a day, the first week, and increased the dose to thirty drops to the end of the fourth week, when he reported that the spermatorrhœa had disappeared and that his mental faculties had returned

to their normal activity. As a vehicle, I use *aqua cinnamon* when it is not contraindicated, as it is in all inflammatory states of the gastro-intestinal tract.

New York City.

EXPERIENCE WITH HORSE NETTLE.

(*Solanum Carolinense*.)

BY W. L. HEEVE, M. D.

Read at a meeting of the Specific Medication Club.

Horse nettle is a nerve tonic, sedative, anodyne and antispasmodic and the parts employed are the root and berries.

Thornton states that it depresses the cerebrum but excites the spinal cord in large doses.

I first heard of this drug being employed in curing epilepsy and held it in reserve waiting for my first case to appear.

My first experience with this drug was with four cases of epilepsy during the years of '98 and '99.

Case No. 1:

Mr. G. B.—Age 37, born in South Carolina, negro with history of epilepsy in family dating back to his great grandmother.

Had convulsions when a child during teething.

Variety.—True epilepsy with seizures occurring twice weekly. Habits good, mind clear, muscular, very tall, has attacks of gastric catarrh previous to seizures.

Bromides, *Passiflora*, camphor, arsenic, etc., all failed, some making slight improvement.

Gave *Nux* and *Hydrastis* for gastric trouble with success but no improvement of seizures.

Gave Extract horse nettle fluid in \mathfrak{z} i doses t. i. d. He returned in two weeks and stated he had but three slight attacks since last visit.

Increased the dose to \mathfrak{z} i four times

daily. He returned three weeks later and stated he had one attack, making in all four attacks in five weeks. I then increased the dose to \mathfrak{z} i every three hours until it produced slight stupor.

He took treatment eight months and it reduced the seizures to one every six weeks.

All other treatment failed to reduce them to less than one every eight days.

I believe if he had continued six months more it would have reduced the seizures to about one every four months, perhaps a cure.

Case No. 2:

Mrs. R.—Age 39, born in Virginia, negro, history uncertain,

Variety.—Idiopathic, seizures about four every month.

Placed her on horse nettle \mathfrak{z} i t. i. d. and increased to \mathfrak{z} i every 3 hours. Treatment lasted seven months. The last two months of treatment she has had no seizures, but during her menstrual period, complains of severe headache on left side with slight convulsive movements of the flexor muscles of extremities.

She is now living in Virginia and taking horse nettle \mathfrak{z} ii every third day.

Her last letter dated December 20, '99, stated a complete cure.

Cases 3 and 4:

Slight improvement during six months treatment, both are syphilitics.

Horse nettle is certainly of value in epilepsy and it will cure many cases, that is when all local and systemic diseased conditions are improved or eradicated.

Hare states in his "Practical Therapeutics" that in a limited employment he has found it serviceable in diminishing the frequency and severity of the attack. I have tried it in three cases of chorea with marked success.

I have also tried it in a case of hysteria which discouraged me for several months and after all other treatment failed, I tried horse nettle with success.

While treating a case of scarlet fever (child 8 years) I was called in haste on the seventh day of the disease and found the child in convulsions, temperature 105° , pulse 140, respiration 60. Mother stated that the child had passed three drachms of urine in twenty-four hours. I immediately gave horse nettle in twenty-drop doses every fifteen minutes, 120 drops in all, and applied hot packs.

At the expiration of two hours the child was perspiring freely and convulsions ceased, temperature 99.5° , pulse 100, respiration 24, answering all questions and passed about twenty ounces of urine during the next ten hours which was highly albuminous, complete recovery within four days.

It is stated that horse nettle is excellent in neurasthenia and many old troublesome neurotic conditions can be cured with it.

About six months ago I read an article in one of the journals of three cases of eclampsia cured by horse nettle and the doctor stated that it was the only drug that he used in these cases which increased the urine.

From my observations of cases upon which I used this drug, I have noticed that it has marked diuretic properties and due to this fact and from the literature I have read upon this drug, I believe that there is a vast field open for the virtues of horse nettle.

Would it not be possible that its action would be of service in uræmic convulsions?

Brooklyn.

WHAT DOSE SHALL I GIVE?

By PITTS EDWIN HOWES, M. D.,

How many many times do we hear or see a certain remedy suggested from certain conditions and not the slightest hint concerning the dose to be used.

As Eclectics look over their materia

medica they have great reason to be proud of what their school have accomplished in this direction, and yet there are many things which we can and should learn about our most used remedies.

Prominent among these lines of thought is that of dosage. How many times do we as Eclectic Physicians, give larger doses than are necessary to produce the required results? This is a question that is pregnant with good for the human race if it is seriously and wisely considered. If the smaller dose of our medicines will produce equally as good results then all that is given beyond that requisite amount may be, and probably is, harmful, and possibly may retard the recovery of our patients.

Each year as I practice medicine I give less and less medicine, that is I use the same medicine in much smaller doses. I have no doubt that there are a large number of our practitioners scattered throughout the country whose experience has been, and is, similar to my own.

I should be particularly pleased if those readers of the ECLECTIC REVIEW who have had like results would give them to its readers giving size of dose and case in which such reduction had been administered.

I have written these few words just to introduce this subject on which I desire to say more at a later date.

BOSTON, MASS.

CHIONANTHUS VIRGINICA.

(Fringe Tree.)

By G. W. BOSKOWITZ, M. D.

Read at the meeting of the Eclectic Medical Society of the City and County of New York.

The fringe tree is an ornamental plant, and many consider it so beautiful that it is cultivated in gardens. It grows from Pennsylvania to Tennessee on river banks and on elevated places. It presents light clusters of snow-white flowers in May and June. In some parts of the country it is

called "Old Man's Beard"—in others "Poison Ash." The bark of the root is the part used medicinally and imparts its properties to water or alcohol.

This drug has for many years been considered a strong drug by the older Eclectics. Professor I. J. M. Goss having first called attention to it as a remedy many years ago. It, like many other of our older remedies after having its praises sung for a time, fell into disuse. Until within a comparatively short time ago when it seemed suddenly to spring into favor again so that to-day we find it largely used by the practitioners of our school and our Homeopathic neighbors. I could find no mention of it in the old school works I consulted, namely, "Practical Therapeutics," H. A. Hare, 91st edition; "National Dispensatory," 5th edition; "United States Dispensatory." Time did not permit me to look further, and personally I do not consider that one can receive very many helps on the use of Eclectic drugs in old school books. It was really a little curiosity on my part that prompted me to look in the books mentioned for chionanthus. Professor Goss in first calling attention to the virtues of this remedy asserts that he was led by mere accident to test the drug. He had been salivated several times for jaundice following intermittent fever and had been given up to die when a college chum persuaded him to use the old woman's remedy fringe tree. He made a tincture with gin and took a tablespoonful before each meal and in ten days was practically well. The jaundice having disappeared, his digestion very much improved, his strength and appetite returning. In his work on "New Remedies" he speaks of chionanthus as being a most valuable remedy in cases of jaundice following all forms of malarial fever also in all forms of enlargement of the liver with jaundice in obstruction or catarrh of the bile duct. He recommends it in the form of tincture, 30 drops to be

given every four hours. In the "American Dispensatory" published by John King in 1859 we find the following under properties and uses: Aperient, alterative, and diuretic, with some narcotic properties; an infusion of the root-bark has been efficacious in bilious and typhoid fevers, as well as in obstinate intermittents.

It forms an excellent tonic after convalescence from exhausting diseases. As a poultice it will be found an excellent local application in external inflammations, ulcers and wounds.

Dose: From half a fluid ounce of the infusion to two fluid ounces, repeated several times a day, according to its influence upon the system.

From "Webster's Dynamical Therapeutics," 2nd edition, 1898, I quote the following: "It is a splendid remedy for jaundice of malarial cachexia, and in chronic ague complicated with jaundice its use will assist very much in effecting a cure. It should be remembered that it is not the remedy to relieve jaundice due to inflammatory action of the liver or obstruction of the biliary ducts. It is only adapted to torpor of the bile secreting functions where something is needed to arouse cellular activity in the biliary apparatus."

Scudder in his dose book on "Specific Medication" says: "This remedy exerts a special influence upon the liver, and to a slighter extent upon all the organs engaged in digestion and blood making. The indication for it is yellowness of skin and eyes, slight or fully developed jaundice, with a sense of uneasiness in the right hypochondrium or general abdominal pain simulating colic. It is one of the surest remedies I have ever employed, whether the case is one of jaundice, formation and passage of gall stones, bilious colic (yellowness of skin), acute dyspepsia, acute or chronic inflammation of the liver, or the irritable liver of the dipsomaniac."

Under specific indications we find the

following: "Clay colored stools, high colored urine, tenderness and pain in the region of the liver."

My personal attention was called to the drug many years ago by Professor Charles Larew who considered it a much neglected but very powerful remedy. He usually combined it with Wahoo.

I have many times had occasion to be thankful to Professor Larew for calling my attention to this very useful medicine. For fifteen or more years I have used chionanthus for that class of troubles for which phodophylin and calomel compounds are usually prescribed—non-inflammatory liver troubles. I consider it a tonic chologogue and stomachic indicated in all cases of perverted action of the entire digestive organs. More particularly the liver, especially when caused by over-indulgence or where there is a history of previous malarial trouble, and in re-current bilious attacks. Ellingwood, in his most excellent work on "Therapeutics," says of it that it is alterative aperient, diuretic, tonic, febrifuge, purgative and chologogue.

Specific influence on the liver. Is a remedy for engorgement of the liver and jaundice. It is chologogue cathartic in full doses but its best influence is in acute congestion with imperfect discharge of bile or catarrh of the common bile duct.

The indications are: Acute jaundice evidenced by yellowness of the conjunctiva first, then of the skin. With distress in the right hypochondrium with cramp-like pains in the abdomen. (Therapy.)

It overcomes catarrh, liquifies bile, prevents the formation of calculi, and promotes the discharge of those formed. It is a remedy for chronic forms of liver disease, but its influence is not so plainly apparent, being much slower in its operations. It is not indicated in jaundice from permanent occlusion of the duct, from impacted gall stones or foreign and malignant growths. It will quickly overcome

the jaundice of childhood and infancy and of pregnant women.

In prescribing this drug I use the normal tincture made by Merrell & Company of Cincinnati, or the specific tincture of Lloyd Brothers, in doses of from three to five minims every three hours.

New York City.

THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

MAY CAUSE NEURITIS.

Inflammation of the nerves is more frequently seen than recognized. Although classified as an inflammation, this abnormal condition does not present all of the prominent features of ordinary inflammatory processes. Heat, redness, pain and swelling need not, therefore, be looked for as necessary symptoms of neuritis. When a mixed nerve is the seat of acute neuritis, with hyperæmia of its blood vessels, it becomes swollen by inflammatory exudation, and can be felt as a hard cord. It is not only extremely sensitive to direct pressure, but muscular exertion, or even passive movement of the part causes pain. Spontaneous pain is a prominent symptom, and it is sometimes very severe and almost continuous. At first there may be hyperæmia of the skin in the region of the distribution of the nerve, but cutaneous anæsthesia is a more frequent and significant symptom. This latter symptom usually appears early in the course of the disease, but it is seldom total, even when the inflammation has seriously injured the nerve fibres. This is on account of the sensibility supplied to the part by neighboring nerves. Various characteristic

abnormal sensations are developed to a greater or less extent during the progress of the disease. These are described by patients as numbness, tingling, pins and needles, burning, and similar designations. There may be paresis of the muscles, and even paralysis. Erythematous streaks and patches sometimes appear upon the skin along the course of the inflamed nerve-trunks. Chronic neuritis may result from the acute form, or it may arise spontaneously. In this form of neuritis the foregoing symptoms are much modified; so much so that cases occur which exist for a long time unrecognized. Many so-called rheumatic pains are the result of an obscure chronic inflammation of a nerve. Neuritis may be parenchymatous or interstitial. But it is not my intention, at this time, to write an article on this wrong of the nerves. I simply wish to call attention to a few substances frequently used in medicine which are liable to cause neuritis.

Undoubtedly a large majority of cases of inflammation of the nerves are traceable to alcoholic influences. In some persons a very moderate use of even wine or beer will cause serious neuritis, and cases have been reported in young ladies which resulted from daily sipping of cologne. Persons working in drug factories and other places where alcohol is used and its fumes inhaled are frequently sufferers from this abnormal condition. The constant absorption of small amounts of alcohol, keeping the system continually under its influence, is more liable to cause neuritis than an occasional large dose. Mild drinkers are especially liable to become the victims of a form of chronic neuritis, characterized by numb extremities, neuralgia, enfeeblement of the muscles and swelling of the feet. These unpleasant conditions may persist for years and never go on to paralysis.

Antipyrin, acetanilid, sulphonal, trional,

chloretone, and other coal-tar products, have been repeatedly accused of causing neuritis. The cardiac weakness and cyanosis caused by them is believed to result from paralysis of the vagus nerve.

One case of sulphonal poisoning has been reported in which the woman took one hundred and twenty grains of the drug within three hours. She slept two days, being during all this time very cyanotic, with weak rapid pulse and slow shallow respiration. For three weeks after becoming conscious she suffered from parenthesis of the extremities, and from weakness and ataxia of the hands and legs, with extreme tenderness along the distal parts of the nerves, symptoms indicating a mild neuritis, and not unlike those seen after alcohol or coal-gas poisoning.

WHAT DID IT?

Dear Dr. Fyfe: The copies of the REVIEW which you sent me have induced me to become a regular subscriber. I like the publication very much, and am especially pleased with the practical and independent character of your department. I think Dr. Howes' query department will also prove an interesting and instructive feature.

I have recently had some unpleasant diphtheria cases. One case, that of a beautiful girl of ten years, was very severe from the first. In its treatment various remedies were employed. At first aconite was called for by the small and frequent pulse. Phytolacca was given from start to finish. Bichromate of potash was used as a gargle every two hours, and was also internally administered. Sulphurous acid was used internally and also locally by means of an atomizer. The spray gave the patient much relief. Quinine was given for a time, and the heart was supported with cactus as needed. Formaldehyde was employed to an extent which saturated the air of the sick-room. With-

out going into details I will say that all of the remedies were exhibited in accordance with their specific indications. But onward marched the disease, apparently in nowise influenced by my remedies. The exudation extended to the larynx, the respiration became extremely difficult, the face was congested and suffocation seemed about to take place. Eminent council was called, and the prognosis was declared to be speedy death. As I watched her terrible struggles for air, I said to myself: "She will certainly die without it and she can but die with it. I will give my first dose of anti-toxin." As soon as it could be procured 2,000 unites were injected into her left thigh, and with anxiety I waited. Six hours elapsed, and she was quiet—so quiet that I could not hear her breathe from the opposite side of the room. My first thought was, "she is dead!" But no—she peacefully slept, and for the first time in two days. Twelve hours later I injected 1,500 unites more. She is now well. What saved her life? Have you any doubt about what should be the answer to this question, doctor.

M. D.

[Let me hear from you again, doctor. You evidently do your own thinking.—F.]

ÆSCULUS HIPPOCASTANUM.

Common Name.—Horsechestnut.

Natural Order.—Æsculacææ.

Part Used.—The bark and fruit.

Description.—This tree is usually from fifty to sixty feet in height, and has many branches and a rugose tawny bark. The leaves are opposite and consist of bright green, coarsely and irregularly serrated leaflets. The flowers are pink and white, and in racemes. Its fruit is a prickly, thick and tough capsule, usually containing two large chestnut-brown seeds.

Doses.—Fluid extract, 5 to 15 drops; specific medicine, 1 to 5 drops.

Usual Prescription.—℞ *Æsculus Hippo.*, gtt. x to xxx, water, ℥iv. M. Sig. Dose one teaspoonful every two to three hours.

Indications.—Congestion of the colon, rectum and the entire pelvic viscera.

Æsculus Hippocastanum is tonic, astringent, febrifuge, narcotic and antiseptic.

AMBROSIA ARTEMISLÆFOLIA

Common Name.—Rag Weed, Roman Wormwood.

Natural Order.—Asteraceæ.

Part Used.—The leaves.

Description.—This plant has a slender stem rising from one to three feet high, and is much branched. The leaves are opposite. Its barren flowers are small, in terminal racemes or spikes, loosely panicled, and green in color; the fertile ones are sessile about the axis of the upper leaves. The fruit is globular, pointed and armed with six acute teeth or spines.

Dose.—Specific medicine, 1 to 20 drops.

Usual Dose.—5 to 10 drops every two or three hours.

Indications.—Fevers characterized by a disposition to putrescency; hemorrhoids; mucous fluxes; passive hemorrhages.

Ambrosia Artemislæfolia is stimulant, astringent and antiseptic.

In reporting several severe cases of rheumatism, Dr. W. E. Boyer in substance says:

The high temperature, restlessness, flushed face, etc., called for specific gelsemium—and she received it in fairly good-sized doses frequently, (from two to five drops in water every one to three hours). It was combined with specific *rhux tox.* as the indications for this remedy also seemed plain. Did you ever notice the frequency in which gelsemium and *rhux tox.* seem to be indicated in the same case? They are certainly compan-

ion remedies. The temperature soon abated, but the disturbance of pain and fever, etc., had by this time destroyed digestion and the appetite, the tongue was broad, coated, dirty, yellow. Specific podophyllin (1 to 100) was given in small doses (from one to two grains every two to four hours) for this sluggish *prima viæ*. Next day, or day after, there was a diarrhea of some moment. The stools were frequent, large, watery, exhaustive. Was this due wholly to the podophyllin? We rather think not, as the dose was small. In our opinion the diarrhea was physiological. Nature, by this means, was bled through the sluice gates of the body, of much of the cause of the rheumatic trouble, and from this on the fever abated, and the case was easily rendered convalescent by very small doses of specific byronia, alternated with phytolacca.

These are two sovereign antirheumatics. The first, especially when the pain and swelling has a predilection for the joints and for the small bones of the foot and of the wrist, and when motion aggravates the discomfort. As to phytolacca it is *always* a good antirheumatic. There is no better remedy to stimulate the absorbents and to open up the blocked lymphatic glands, etc., and we believe that phytolacca has no superior in carrying out through these channels the poison of rheumatism whatever it may be. Phytolacca is a host in any disease, septic or otherwise, when the lymphatics are full, engorged, sluggish. When nature is trying to prevent an invasion by blocking lymphatic glands, let phytolacca go to her help and rescue. We think phytolacca always an antirheumatic.

A question: Could we have opened up the sewers of the body, created the watery stools, and helped our patient so materially by the administration of a carthartic? No, not in our opinion. The least excessive action in this direction would have

added to the exhaustion and would have helped in provoking or promoting heart failure. This patient had had previous attacks—and her heart is not perfect by any means—and when, after a few days of extremely hard work, it began to fag a few doses of a depressant, like salol, would have put her into the slough of despond beyond human rescue.

CARDIAC WEAKNESS.

It is believed by many experienced physicians that a large number of the cases of serious cardiac weakness met with in practice are caused by deficient oxygenation and decarbonization of the blood, by impairment of the action of the cardiac and vasomotor nerves or by direct degenerative changes in the muscular structure of the heart itself. In such cases an important part of a rational treatment of pneumonia, diphtheria, typhoid fever and other exhausting diseases consists of aiding Nature's own processes by securing for patients an abundance of fresh pure air, strict cleanliness, pure water to drink, and the use of such diaphoretic, diuretic and alterative medicines as are likely to prompt natural activity in the excretory organs of the body. It is equally important to avoid the unnecessary use of antipyretics, and especially those of the class known as coal-tar products. Their anæsthetic and analgesic effects quiet restlessness, allay pain and lessen the fever temporarily, but they directly favor the retention of toxic agents in the blood until a fatal collapse ensues which is often attributed to heart failure.

In the treatment of all forms of exhausting diseases the heart should be carefully looked after and supported from the very first, not only by the foregoing means, but also, when necessary, by the judicious employment of such remedial agents as cactus, cratægus and collinsonia.

Cantharis has a specific action on the genito-urinary organs. In the vesical ir-

ritation which persists after an inflammatory condition has subsided, leaving a frequent desire to urinate, the urine being normal and in small quantity, this medication affords prompt relief. Add ten to thirty drops of the specific medicine to four ounces of water, and direct one teaspoonful of the dilution to be taken every hour. It is an energetic stimulant to the sexual organs, and is especially useful in the aged when there is seminal weakness with a frequent desire to urinate. In such cases from five to ten drops of the specific medicine should be given in a tablespoonful of water three or four times a day. Larger doses are liable to cause unpleasant irritation.

Doctor, don't you think that last case that recovered under your careful management was a very interesting one? What did you do for that unusually high temperature? Then there was that extreme irritability of the nervous system—how did you overcome that? What seemed to clean that terribly dirty tongue? Did you have to give a cathartic before the dirty would disappear? Truly, that cough was a bad one, and you did well to relieve it in so short a time. As you say, the expectoration was enormous, and some of it quite bloody. But, then, that was to be expected, for you said the girl had pneumonia as soon as you had made your first examination. Why not write me a few lines about the treatment of the case? You say you never had time to get accustomed to writing for the press. Oh, don't mention it, doctor, for you must give me a few lines about that case, you really must. If there should be a few "kinks" in the account I will be glad to straighten them all out. It will give me pleasure to do so. It will not be the least trouble, I assure you.

P. S. Don't forget, dear reader, that *you* are the doctor from whom I *expect* a short letter.

The fact that an old lady in England recently got rid of a tumor in the throat and neck which had been pronounced malignant by the most eminent English authority, apparently as the result of the application of an infusion of violet leaves, has created a considerable discussion among the cancer authorities—some of them even calling the story a “fake.” But the old lady, notwithstanding this more or less warm discussion, still persists in remaining very well indeed, and is thankful to be able to show a deep cavity in her throat where the tumor was as indisputable evidence of the truthfulness of her story.

Recent investigations have shown that an abundant consumption of water by the patient constitutes the most important means of ridding the system of toxins in typhoid fever, as the urine is the most efficient excretion for their elimination.

Incontinence of urine in children can be relieved by specific collinsonia.

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Milwaukee, on June 17th to 19th. G. W. Johnson, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 2nd and 3rd, 1902. F. P. Sinclair, M. D., president; S. A. Hardy, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th Street. A. W. Herzog, M. D., president; H. J. Doll, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; March meeting at 282 Franklin Avenue,

Brooklyn. D. N. Brown, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th Street. W. J. Krausi, M. D., secretary.

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R. L. Thomas, M. D., Cincinnati, O.

Committee on Location.

A. M. Steen, M. D., Palatka, Fla.

M. E. Daniel, M. D., Honey Grove, Tex.

E. B. Packer, M. D., Osage City, Kans.

Committee to Produce Evidence Against Members Guilty of Unprofessional Conduct.

E. B. Carter, M. D., Des Moines, Ia.

W. E. Bloyer, M. D., Cincinnati, O.

J. L. Vail, M. D., Little Rock, Ark.

L. S. Downs, M. D., Galveston, Tex.

H. T. Webster, M. D., Oakland, Cal.

Committee on World's Fair.

E. Lee Standlee, M. D., St. Louis, Mo.

W. N. Holmes, M. D., Nashville, Tenn.

E. J. Farnum, M. D., Chicago, Ill.

Committee on Medical Colleges.

E. Younkin, M. D., St. Louis, Mo.

E. J. Farnum, M. D., Chicago, Ill.

John K. Scudder, M. D., Cincinnati, O.

G. W. Thompson, M. D., New York City.

W. H. Durham, M. D., Atlanta, Ga.

J. M. Keys, M. D., Omaha, Neb.

D. Maclean, M. D., San Francisco, Cal.

Committee on Necrology.

D. Maclean, M. D., San Francisco, Cal.

E. Younkin, M. D., St. Louis, Mo.

W. E. Bloyer, M. D., Cincinnati, O.

Committee on Exhibits.

A. B. Bailey, M. D., Fennimore, Wis.

Pitts Edwin Howes, M. D., Boston, Mass.

Finley Ellingwood, M. D., Chicago, Ill.

Committee on Prize Essay.

J. R. Borland, M. D., Franklin, Pa.

J. W. Hamilton, M. D., San Francisco, Cal.

L. S. Downs, M. D., Galveston, Tex.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Boston District Eclectic Medical Society was held at "The Thorndike" on Tuesday evening, February 18th.

After the usual preliminary business had been concluded Dr. C. Edwin Miles gave an exceedingly interesting talk upon the subject of the evening "Palpation." Among many good things in this topic, the doctor spoke of the advantage to be derived by palpation in detecting the size and conditions of the heart in health and disease. He dwelt especially upon the sensations of thrill and tactile fremitus.

Thrill, he said, was like the feeling imparted to the fingers by the throat of a purring cat. As used in palpation the word thrill refers only to the sensation of touch and is a vibration of the thoracic wall. This thrill is chiefly confined to the region of the cardiac impulse. The palm of the hand is to be placed in the region of the cardiac impulse. We note whether or not we get the thrill. It is usually intermittent and in the cardiac region. Most frequently *presystolic*, but may be systolic, that is synchronous with the cardiac impulse.

Tactile fremitus is the sense of vibration felt when the hand is laid upon the chest while the patient repeats words prolonging the vowel sounds as owe, do, ra, etc.

It is usually more perceptible in men than women and in low than high pitched

tones. It is more prominent at the apex of the lung than at its base, and in the right than the left lung, and anteriorly than posteriorly. It is also greater in the thin than the adipose thoracic region. Air or fluid in the thorax decreases or obliterates fremitus, while phthisis and pneumonia increase it.

In the discussion that followed the many valuable points to be derived from the educated touch was clearly brought out and the advisability of educating the tactile sense was demonstrated.

The subject for the meeting of next month is to be "Percussion," and Doctor Howes was appointed to introduce it.

PITTS EDWIN HOWES, M. D.,
Secretary.
Boston, Mass.

KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

Regular meeting of the Kings County Eclectic Medical Society was held on Jan. 27, at the residence of Dr. O. H. Rohde, 113 Reid Avenue.

Minutes of last meeting were read and approved:

Communications from Dr. Van Fleet regarding the bill before the Legislature in Albany, on Osteopathy were read, also communication from Secretary Hardy of the State Medical Society, notifying auxiliary societies that arrears of dues must be paid before the coming State meeting to allow representation of delegates. On motion, same were laid over for new business.

Dr. H. S. Mason reported a case of Typhoid Pneumonia. Patient a young man, 19 years of age, and who has had Pneumonia three (3) different times.

The drugs she had used and that proved very valuable were Gelsemium, Asclepias, Bryonia, Collinsonia and Cactus Grandiflora. She was also particular as to the Hygienic surroundings as well as treat-

ment. The patient passed the crisis and is gaining very rapidly.

The subject was discussed by Drs. Brown, Pearlstien, Heeve and Rhode. Dr. Brown advocated chloral hydrate where there is delirium in place of Gelsemium also Digitalis and Nux vomica for heart action. Dr. Heeve from symptoms presented viewed the case as that of Lobar Pneumonia. Dr. Pearlstien agreed with Dr. Mason in diagnosis and treatment.

A recess for 15 minutes was declared by the President and refreshments served.

Business being resumed a vote of thanks was tendered to Mrs. Rohde for the courtesy, etc., and election of officers was next in order.

The following were elected for ensuing year: president, Dr. D. N. Brown; vice-president, Dr. A. L. Palmitier; recording secretary, Dr. M. B. Pearlstien; financial secretary, Dr. H. S. Mason; treasurer, Dr. O. H. Rohde.

Board of Censors: Drs. H. Stoesser, Wm. I. Louis and L. Adlerman.

Dr. Wm. I. Louis presented charges of unprofessional conduct against Dr. G. W. Salter.

On motion a committee of three was appointed to investigate and report at the next meeting. Drs. Pearlstien, Rohde and Stoesser were appointed.

On motion the action of state society as per letter from Secretary Hardy was acted upon and dues collected to the amount of \$14.00.

On motion it was carried to meet at the residence of Dr. H. S. Mason, No. 282 Franklin Avenue, at the next regular meeting night. On motion Dr. Salter was relieved from payment of dues.

M. B. PEARLSTIEN,
Secretary.

Acids, as a rule, should be given between meals. Acids given before meals check the excessive secretion of the acids of the gastric juice.—Summary.

ECLECTIC MEDICAL SOCIETY OF
THE CITY AND COUNTY
OF NEW YORK.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in its assembly rooms, No. 239 East Fourteenth street, on Thursday evening, February 20, Dr. Alfred W. Herzog, president, in the chair.

Owing to the absence of the secretary, Dr. Henry J. Doll, on account of illness, Dr. George W. Boskowitz was appointed secretary pro tem.

A communication received from Dr. Anna E. Park was read by the secretary, who was directed to acknowledge the receipt of the same and express the sympathy of the society to the doctor.

Dr. Charles Lloyd read a paper entitled: "Catarrh of the Bladder."

The paper was discussed by Drs. Sibley, Boskowitz, Krausi and Hyde.

After the discussion by the afore-named doctors, closing remarks to his paper were made by Dr. Lloyd.

On motion a vote of thanks was tendered the doctor for his paper.

Dr. Heeve was prepared to read a paper on "Gall Stones," but deferred reading it to a future meeting on account of the lateness of the hour.

A motion to the effect that the president be allowed one week in which to appoint an essayist for the March meeting was carried.

The call of Dr. Sinclair, president of the State Society, to all the members of the county society that they turn out en masse and attend the coming State meeting in Albany, and the letter from Secretary Hardy of the State society were read by the secretary.

Secretary Hardy's letter reads as follows:

"Dear Doctor:

"At the annual meeting of the Eclectic Medical Society of the State of New York,

held April 3rd and 4th, 1901, Article IX of the by-laws was amended to read as follows:

"Dues.—At each annual meeting of the society, each auxiliary society shall pay to the secretary an amount equivalent to one dollar and fifty cents for each member of each auxiliary society, and no delegation shall be received from a society in arrears."

"SAMUEL A. HARDY, M. D.,
"Secretary."

The question of the per capita tax and the dues of delinquent members in the county society was discussed by Drs. Thompson, Krausi, Boskowitz and Herzog.

On motion adopted Dr. Herzog was appointed a committee of one to collect and adjust dues. Power was granted him to add any number to the committee.

About thirty-five members were present at the meeting.

HENRY J. DOLL,
Secretary.

THE GEORGIA ECLECTIC MEDICAL ASSOCIATION.

We have received the program of the Georgia Association meeting to be held at Atlanta March 27 and 28, 1902. Its arrangement is admirable. The work is divided into six sections as follows:

Specific Medication in charge of the Specific Medication Society of the Georgia College of Eclectic Medicine and Surgery. Materia Medica, W. J. Smith, M. D., chairman, G. A. Doss, M. D., secretary. Practice, J. H. Goss, M. D., chairman; J. L. Darnell, M. D., secretary. Obstetrics and Gynæcology, J. V. M. Cain, M. D., chairman; J. T. Gray, M. D., secretary. Surgery, T. L. Thomason, M. D., chairman; J. M. Tribble, M. D., secretary. Nervous and Mental Diseases, E. B. Thomas, M. D., chairman, and G. Hatchcock, M. D., secretary.

On the evening on March 27 a grand

banquet will be given at the Hotel Majestic at which the Governor and other distinguished men will be present.

J. Frank Harris, M. D., is president of the Association, and W. M. Durham, M. D., secretary.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

J. A. H.—Can you make any suggestion as to a method of curing the habit of stuttering or stammering?

The following has been recommended and deserves a trial. Read aloud with the teeth closed for an hour or two at a time every day. In a week you can open your mouth and read and talk, without difficulty or hesitation. Keep time when speaking; at first with the utterance of each syllable, and afterward with each word; slowly at the beginning, then more rapidly; persevere and you will overcome the trouble. Take a full breath before beginning to speak.

E. L. C.—What treatment would you recommend for severe hemorrhage after confinement?

I have found this method to be successful. In all cases, as soon as the child is born, apply your open hand over the body of the uterus and grasp it gently through the abdominal walls. As soon as the placenta is expelled, increase the pressure until you are satisfied that the uterus has contracted sufficiently to check all bleeding from the torn vessels. Should the uterus contain clots, or seem soft and spongy to the touch, pass your hand into its cavity and remove all of the contents,

continuing the pressure until the contractions are firm.

For the benefit of J. S., whose query was published in the January REVIEW, I would add the following treatment for tape worm. Take light diet for two days, and no drink but lemonade. Then to a pint of hulled pumpkin seed well bruised, add a pint of hot water, rub the mass thoroughly together for a few minutes, strain it through a colander, and in the morning fasting take one-half of it; the rest in one hour after; and in three hours a full dose of castor oil. An obstinate case reported, in which the patient, an adult, ate two quarts of the bruised seed hulled during twenty-four hours, and ate nothing else; then took a full dose of castor oil, the worm came away entire.

SELECTIONS.

MIXTURE DOBELL—PYNCHON.

In a recent paper by Dr. Edwin Pynchon, Professor of Rhino-Laryngology and Otology, at the Chicago Eye, Ear, Nose and Throat College, published in the *Medical Summary* for October, November and December, 1901, attention is called to the widely varying formulæ given by different medical authorities for that well known and popular compound known as Dobell's Solution. Twenty-eight formulæ are tabulated as given by forty-one authorities, and a remarkable difference is thus shown. Furthermore other disadvantages in the solution as usually made are cited, and in its stead is advised a concentrated mixture which by diluting with water to the proper degree quickly yields a solution of suitable strength which, when used according to a method described, serves as an invaluable aid in the treatment of Nasal Catarrh. This preparation, known as the Mixture Dobell-Pynchon, is manufactured by the William S. Merrell Chemical

Co., of Cincinnati, who, upon request, will take pleasure in supplying literature and particulars concerning this compound.

STRAIGHT THERAPEUTIC SUGGESTIONS.

In an article in the January *Medical Summary* with the above title, Prof. F. Ellingwood says of Bryonia:—In cases of inflammation of the serous membranes, especially in pleuritis and peritonitis, we have no agent that will so quickly mitigate the unpleasant phenomena and control the temperature as bryonia. Fifteen minims in a four-ounce mixture is sufficient strength; no more desirable results will be obtained by larger doses. It has a selective influence upon both serous and synovial membranes, and can be given with great confidence when there are evidences of acute inflammation—diffused soreness, sharp, cutting acute pains. In the treatment of bronchitis it is indicated when there is diffused soreness through the chest and the cough is persistent, of a short, sharp, quick, hacking character. In chronic bronchitis with these indications it may be alternated with the tincture of belladonna; the two remedies being persisted in sometimes for weeks using at the same time other indicated auxiliary treatment.

HEADACHE IN TYPHOID FEVER.

Headache in the early stages is often very distressing. Belladonna is very useful in controlling this symptom; when associated with acute delirium it is more strongly indicated. If the headache is accompanied with pain in the back and limbs, gelsemium is called for; and if marked langour and tire be present, which opening the eyelids or moving the balls aggravates, bryonia or rhus toxicodendron is suggested, and colchicum will help where the headache is associated with delirium; and when it is especially bad and unyielding, spigelia will

bring the needed relief; if not, and the nervous phenomena is being greatly aggravated, then morphia should be tried.—Public Health Journal.

Operation for the Relief of Ascites Due to Cirrhosis of the Liver.—C. H. Frazier (University Medical Magazine, February, 1901,) reports the case of a middle aged man with hepatic cirrhosis in which a favorable result was obtained from opening the abdomen, rubbing the parietal peritoneum vigorously with a gauze pad, and suturing the thickened omentum to the parietal peritoneum and the edges of the wound. The incision was closed without drainage. Subsequent to the operation the patient was tapped twice within 36 days. After second tapping there was no reaccumulation, and the patient left the hospital at the end of four months very much improved in general health. The reports of 13 other cases in which this operation has been performed are now on record. In some instances the operation has been carried out in cases in which the diagnosis was incorrect and in other instances unavoidable complications developed which materially affected the mortality. Excluding those cases of failure for which the operation should not be held accountable, we find eight cases remaining in which the mortality was nil; of these, six patients were living and free from ascites at periods varying from three to 26 months. One was living and improved, one was living but unimproved. Thus recovery ensued in 100 per cent.; in 12 per cent. improvement followed, and in 12 per cent. no improvement.—American Medicine.

ACUTE GONORRHEAL SALPINGITIS.

Gonorrheal salpingitis is usually ushered in with pelvic pains and cramps referable to the region of one or both tubes. Often there are rigors or chills.

There may be pains in the sacrum. Pains shoot from the region of the tubes, or from the iliac regions down the thighs. These pains are usually increased by jarring of the body, or by movements of the body as in standing or walking. The appetite fails, and constipation is generally present. There may be tympany. Nausea and vomiting are common. The temperature is always above normal, and will range from 100° to 103° , and the pulse from ninety-five to one hundred and fifteen or one hundred and twenty. The patient is disinclined to go about, and generally remains in bed. These symptoms persist for several days. Upon vaginal examination, the uterus will be found somewhat fixed, or its mobility may be effaced. Pressure against the uterus and over the hypogastrium or iliac regions is often so painful that the pelvic organs can not be well outlined without anesthesia.—Post-Graduate.

A NEW APPLICATION OF THE X-RAY.

According to the *Journal de Medicine* a man placed under arrest for illegal practise of medicine, claiming to be a graduate of an American college, presented a diploma which excited suspicion. The Roetgen rays revealed the outlines of a name erased to make room for that of the man who was thus convicted.—Review of Reviews.

A NEURALGIA AND HEADACHE CURE.

Some time ago Naegeli announced that he had very frequently caused almost immediate cessation of cephalalgia and facial neuralgia, as well as forms of long continued odontalgia, by simply elevating the os hyoide, or what amounts to the same, the larynx, and holding it well upward for sixty or seventy seconds. This frequently requires to be repeated several times, but quite as frequently one single

attempt will prove successful. The writer has had several opportunities to test the truth of Naegeli's announcement, and in every instance in which the plan was followed, relief was almost instantaneous. The fact deserves to be more widely known than it seems to be.—Public Health Journal.

POINTERS ON THE MALE URETHRA.

Always cleanse the glans and foreskin well before commencing work. If you have time to prepare your patient, always give four or five doses of oil of gaultheria, five or six drops every three hours before commencing.

Be sure your instrument is sterile. If metal, boil it well. If rubber or linen, soak in a solution of bichloride (one to five hundred), and, before using, rinse well in sterile water.

If possible, have the patient lie on his back on a hard surface like a table, with his knees flexed. Take a small, hard rubber male syringe, and inject a drachm of a two per cent. solution of cocaine, holding the end of the penis in the grasp of the fingers of one hand, while distributing the solution by stretching the urethra and passing the other fingers down the under side of the penis. This motion, repeated a few times, will send it down into the deep parts. After two minutes, the anesthesia is sufficient for the purpose of passing the sound or catheter.

Lubricate your sound or catheter with a bland lubricant. I prefer a jelly made from acacia and glycerine. Glycerine will do. Oil and vaseline are disagreeably sticky, but will answer.

Stand on your patient's left, grasp the penis firmly with left fingers, holding the catheter in your right hand. Pass the instrument slowly and gently. Use no force sufficient to injure the mucous membrane, and remember that it does not take much.

A good-sized instrument will not catch in the mucous membrane as badly as a small one. This is the place in which "oil and patience will accomplish wonders." If you are using a metal instrument, keep the point well to the anterior wall of the urethra. Sometimes the finger intraduced into the rectum will help pass the point into the bladder. If you have a stricture, a Banks' dilating bougie is a most valuable aid. If you have a tight stricture, with retention, a filiform guide and a tunnel catheter are almost indispensable. In using the guide, be sure that it passes through the stricture, and does not double upon itself. If the latter occurs, and you attempt to pass the tunnel instruments, you will probably have a hurried external urethrotomy to do as I once had.

If any of you have any doubts about the use of cocaine, try the introduction on yourself with and without.

If you do not appreciate the need of sterilizing your instrument, watch some patient with his chill of infection after the introduction of a dirty one. Do not try this on yourself; it is not safe.—Dr. Keller, in Med. Council. Brief.

A CASE OF IMAGINED PREGNANCY.

Dr. Karl Heil reports the case of a patient who was unmarried and 22 years of age. After sexual intercourse she ceased to menstruate for nine months. Blood then appeared, and with it labor-pains, for which midwives were sent for. She was transferred to the hospital, where at first a possible ruptured uterus or delivery at home with concealment of the child was suspected. An examination revealed, in spite of a peculiarity enlarged abdomen, a uterus of normal size, with small round os cervicis, and the diagnosis of spurious labor was then easy. This patient presented the following symptoms and ob-

jective signs: Suppression of the menses, swelling of breasts (without colostrum), enlargement of abdomen due to increased deposit of fat and meteorism, nausea and vomiting at the outset, and, later, foetal movements.—Post-graduate.

PROFESSIONAL UNIFICATION.

The state recognizes all who have complied with the laws regulating the practice of medicine as legally qualified practitioners and does not discriminate in favor of or against any one school. We know no pathy; dogmas have long since faded from our memories. Let us continue to exert our influence in favor of the unification of the profession, not only of this State but of the entire country. The advantages of unification we need not now consider. Our doors are open to all who practise rational and natural medicine; all who are willing to discard dogma, and who have given the State proof of proficiency and are of good moral character. Let us remind the societies throughout the State that only by encouraging a liberal spirit, and by receiving into their ranks those whom the law has recognized as qualified to practise physic, can we gain the influence which we ought to wield.—[Inaugural address of Dr. Henry L. Elsner, Medical Society of the State of New York.]—American Med.

EARLY SIGNS OF CARCINOMA OF THE UTERUS.

BY THOMAS S. CULLEN, M. D.

The address was a demonstration of the early signs of carcinoma uteri. Numerous illustrations were shown by the lantern, and the difficulty of and the necessity for early diagnosis insisted upon. The speaker insisted that cells with large nuclei and abundant chromatin in diseased tissue are pathognomonic of cancer.—American Medicine.

FISSURED NIPPLE.

Bathe the nipple daily during the last month of pregnancy with tincture of quinine. Avoid all ointments.—Medical Record.

FIRST SYMPTOMS OF INSANITY.

Persistent insomnia, digestive disturbances associated with constipation, loss of weight, with a lowering of the general physical tone, inertia, abnormal elation or depression, should be regarded with grave suspicion in persons predisposed to mental alienation.—*Jour. A. M. A.*

Pain in the lower limbs, or the slightest degree of limping in children, should lead to an examination of the hip joints. Many cases of beginning hip-joint disease may be discovered at a time most opportune for treatment.—Summary.

CHOREA AND MICRO-ORGANISMS.

Fornaca remarks that, while the importance of the pyogenic micro-organisms in relation to chorea is generally recognized, recent bacteriological examination of the spinal fluid of choreic patients goes to show that the relation is a closer one than is usually supposed. He has been able to demonstrate staphylococci in the cerebro-spinal fluid in two cases in the medical clinic at Turin. In a third case of erysipelas, which was followed by chorea of a severe type, not only had lumbar puncture a favorable therapeutic effect on the movements and the sleeplessness, but also streptococci were demonstrated in the fluid. Although their virulence was of a low order, they must have been etiologically related to the chorea. In both the blood and urine of this case streptococci were also found. Fornaca quotes the statistics of Triboulet to show that a third of all chorea cases furnish a history of an antecedent febrile attack, of which the most common are scarlatina, measles, and

erysipelas. In all cases of chorea the cerebro-spinal fluid should be examined.—*British Medical Journal.*

OSTEOMYELITIS FOLLOWING MEASLES.

Joel E. Goldthwait reports the case of a girl of 6 years who, ten days after the onset of measles, had severe pain, followed by swelling in the left leg. The swelling rapidly became fluctuating, and was opened freely, showing the whole upper half of the tibia denuded of periosteum. The left knee was swollen, and below the tubercle of the tibia there was a granulating wound two or three inches long, with exposed bone. A few months later a radiograph showed an extensive osteomyelitic process with the whole upper half of the shaft of the tibia as a sequestrum. An attempt at repair with extensive formation of new bone was clearly shown. Later radiographs show almost complete replacement of the shaft of the tibia with a sequestrum between two and three inches long, lying obliquely in the upper part of the bone. As to prognosis, while the function of the knee-bone will be impaired, it will not probably be a very serious limitation, and the strength of the leg, aside from the shortening, should not be much below normal.—*Medical Record.*

THE MODERN TREATMENT OF RHEUMATISM.*

BY F. SONTAG, M. D.,
VIENNA.

Since the year 1875 salicylic acid has become very popular as an antirheumatic, being regarded as the best, and for a time as the sole remedy for this purpose. The experiments made at that time gave remarkably favorable results, and, although the action of the drug was not perfect in all cases, a material influence upon the symptoms of articular rheumatism was

*Wiener medicinische Presse, No. 46, 1901.

distinctly perceptible. The certainty of effect, indeed, was so great that, in cases in which the articular inflammatory process failed to yield to the salicylate of sodium, it was regarded as justifiable to exclude the rheumatic character of the disease. Although so much reliance was placed on the salicylates, these remedies were never well adapted for continued administration, because, according to individual differences, they sooner or later produced toxic effects. The most unpleasant of these are the gastric disturbances, manifested by nausea, eructations, even vomiting and loss of appetite, as well as the influence upon the nervous system, evinced by tinnitus and vertigo, and sometimes, after large doses, delirium, these phenomena being due to an irritation of the nervous system by the salicylates. The presence of these by-effects was a decided obstacle to the continued use of the preparations, both in large and in small doses.

There has, therefore, long been a desire on the part of the medical profession to possess a preparation of salicylic acid which would not be decomposed in the stomach, and hence would be devoid of the above-mentioned disadvantages. The best of these is aspirin, the acetic-acid ester of salicylic acid. This drug, as shown by its chemical composition, passes unchanged through the stomach, and hence does not attack that organ, but becomes active upon reaching the alkaline secretions of the intestine, where it splits off salicylic acid. In the twenty-three cases observed by me aspirin produced vomiting in only one, in which the reaction of the vomited matter was alkaline, and the liberation of salicylic acid had therefore taken place in the stomach. Tinnitus and vertigo were never noticed after the doses administered: 60 grains daily. As regards the action of the remedy, it closely resembles that of salicylic acid, but is more intense. In that

form of rheumatism especially in which the attacks are separated by intervals of apparent improvement, aspirin, 15 grains, with codeine phosphate, $\frac{1}{2}$ grain, has proved an excellent analgesic as well as antipyretic, besides reducing the commencing exudates to a minimum. During continued use of small doses the power of aspirin in promoting absorption was evident; so that even in persons over fifty years of age the disease never showed any tendency to become chronic. The sudorific action of aspirin was always marked, and to this must be attributed a great part of the antifebrile effect. The other part is due, in my opinion, to the bactericidal action of aspirin, namely: that in the alkaline tissue-fluids a liberation of salicylic acid takes place, which acts as an antiseptic and prevents a diffusion or increase of the septic conditions in articular rheumatism. In this manner I would also explain the fact that I have never observed any valvular lesions following the administration of aspirin.

On reviewing all the histories of cases at my disposal, the mode of action of aspirin shows a remarkable analogy. After about 60 to 90 grains of the drug the pains in the affected joints subsided, and sometimes to such an extent that they could be moved at the end of three or four days. Furthermore, the swelling diminished and the exudates were gradually absorbed. In connection with the aspirin treatment local applications must also be made, consisting, at first, of moist compresses with aluminum acetate, which are to be changed every twelve hours, and later, when the swelling has disappeared, warm bandages to protect the joints from cold, and massage to remove any residue of inflammation. These are outlines which, according to the different complications, may be extended or circumscribed, and from which it appears that the modern management of articular rheumatism remains unchanged in its essential features,

but that the medicinal treatment has received a considerable improvement in the use of aspirin, which, if once tried by the physician, will never be discarded.—Bulletin.

ITEMS.

Connecticut statute for self commitment of narcotic and alcoholic patients.

Chapter 230, Section 3690 General Statutes of Connecticut reads as follows:

"The managers, trustees or directors of any inebriate asylum established by the law of this State may receive any inebriate or dipsomaniac who shall apply and be received into such an asylum, retain him one year and treat and restrain him in the same manner as if committed by the Probate Court."

Doctor Samuel Gates Foster of the class of '90 has just been elected Mayor of Franklin, Penn.

Doctor E. B. Foote celebrated his 73rd birthday on Feb. 20th at his country home Larchmont, New York.

We enjoyed a pleasant visit from Dr. Ward A. Minor last month. The doctor is located at Bloomville, New York, and enjoys a large and lucrative practice.

Every Eclectic should subscribe for the REVIEW.

Dr. O. W. Sutton has been elected Chairman of the Republican Committee of Stuben County.

Have you prepared your paper for the State meeting?

Remember the dates of the State Society meeting at Albany, April 2d and 3rd.

The REVIEW costs but one dollar a year.

Dr. Charles Lloyd formerly of Mass., is now located in New York City.

The meeting of our State Society on April 2nd and 3rd is sure to be interesting and instructive.

Col. Norman S. Dike of the Board of Trustees of the Eclectic Medical College of the City of New York has just been appointed Sheriff of Kings County.

It costs considerable to publish a Journal. Bear your share by sending in your dollar.

At West Brighton, Richmond Borough, a patient in the S. R. Smith Infirmary jumped from the second story window during the absence of the nurse and killed himself.

DOCTOR.—Are you a member of your local, State and the National Association? If not, this is the time to make your application.

Subscribe now for 1902. You won't miss the dollar and you will get the worth of it.

The commencement exercises of the Eclectic Medical College of the City of New York will be held at Carnegie Lyceum on the evening of May 15th.

Doctor Finley Ellingwood, Secretary of our National Association is working with vigor for a more perfect organization of local and State societies. He should receive the assistance and encouragement of every liberal physician.

We can make this the best meeting our State Society has ever held by attending at Albany, April 2nd and 3rd, with the idea of taking an active part in all its proceedings.

THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

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NO. 4

NEW YORK STATE SOCIETY--Special.

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COMMENCEMENT AND ALUMNI MEETING.

On the fifteenth of May the College Commencement will be held at Carnegie Lyceum, at eight in the evening. The address to the Class will be delivered by the Rev. Dr. A. L. Bangs; the report of session by the Dean; the conferring of the degrees by President Spooner, and the Valedictory by H. Harris, of the class of 1902.

These addresses will be interspersed with music as usual. On the same day at eleven o'clock in the morning the Alumni Association will meet at the College building, 239 East 14th St., and we anticipate a full attendance of the graduates, for this will be the most important meeting the association has held in many years. It is at this meeting that the Dean expects to turn over to the board of trustees the subscription started at the meeting a year ago, which will make the plan operative that will erect for Eclecticism a home worthy of the cause.

OUR STATE MEETING.

The meeting of our State Society April 2d and 3d was certainly a pleasant and profitable one and those in attendance the first day were agreeably surprised to find Prof. John Uri Lloyd present as the guest of the president [for the Professor is such an addition to any gathering]. He delivered an address in the evening, full of kindly thought for all sects in medicine, particularly the Eclectic. The society indulged the second day in the privilege of electing him an honorary member. A fine lot of papers were presented, many showing very careful study and investigation in their preparation, and some were illustrated by photographs, skiagraphs, demonstrations and specimens. The president's address, delivered on the evening of the first day, is a document full of thoughtful, truthful and practical sugges-

tions for all Eclectics. It is printed in full in this number.

The business was transacted in a rapid, harmonious and thorough manner, and, strange as it may seem, no collection was called for to meet expenses, and there is a balance on the right side of the treasurer's book.

PRESIDENT SINCLAIR'S ADDRESS.

We want to call your attention to the address of President Sinclair, printed in this number of the REVIEW. His criticism of many of the "stay at homes," and apathetic members of our branch of the profession is so true and so clearly put, that it cannot help but awaken all to a sense of duty to themselves and the school of their choice. Read it, ponder over it, particularly the concluding suggestions. Then act.

ADDRESS DELIVERED AT THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

By F. P. SINCLAIR, M. D., President.

DEAR FRIENDS:

A year has elapsed since we met in annual session at Fishkill Landing. It has been an eventful year politically and medically. All the nations of the new world have met, in that time, in a Pan-American Exposition within the borders of our State; the royalty of Europe has paid homage to our Republic; and our nation, and all the intelligence of the world, has been shocked by the anarchistic assassination of our President.

Medically there has been a closer relationship established between the different schools of medical practice; we are not nearly as lonesome as we used to be; and our friends, our old-time enemies, are willing—yea, a little anxious—to take us into full communion at any time we are

willing to turn our colleges over to them, which we are not just yet ready to do. As Eclectics, we are enjoying a very self-satisfied and comfortable position in the medical world—perhaps a little too comfortable for the actual welfare of our school. For self-satisfaction has its drawbacks; and its greatest drawback in our case is the indifferent carelessness it creates relative to the best interests of our school.

Now, I warn you, I am not going to weary you with a long dissertation, neither am I going to jolly you with details of our medical greatness. The rather, for your benefit and my own, I will deal mainly with actual difficulties that, according to my view, confront us, and endeavor to find out their causes, and perhaps try also to find ways out of our dilemmas.

To begin, I will say it is a good thing for any doctor to sit in the President's chair for a year. Aside from the honor which the society confers upon him by this elevation, which is indeed great, he is *ex-officio* lifted to an altitude where he sees things somewhat differently from the way he did when he occupied the ground floor. And if he has a particle of interest in the welfare of his school at heart, whenever he sees defects he will itch until he has set about devising ways and means for the betterment of the organization. I wish every one of you who have not been so elevated might share the seat with my successor for the coming year, and see things from his standpoint, and be animated by his desire to do something to push our dormant Eclectic body forward.

For, one of the things that would first impress itself on you would be the self-satisfied sluggishness of the Eastern Eclectics. You would go out of your way to meet Eclectics, and would talk animatedly to them concerning our school, and its hopes and prospects; and for reply would receive a few meaningless grunts

and stares and shrugs, and limping excuses that they had no time to devote to the interests of the school, and off they would go. Or you would write them as good and entertaining letters as you could indite, telling them of the progress of our school, and your hopes and fear concerning it, and soliciting their counsel about matters that vitally touched it, and in half of the cases you would receive no answer at all, and a large fraction of the other half would be brief letters of regret that they knew so little about the life of the School, and were consequently unable to give counsel, their personal affairs necessarily taking so much of their time. And if it were not for the remainder of the letters, full of the life and vigor and spirit of Eclecticism, you would be almost ready to despair of the cause.

Now this is not a fancy picture, but it is a fact, which I have demonstrated, and it really gives me much pain to state it. I wonder now, as I never wondered before, how our Eclectic leaders in the East could have the patience, year after year, that they have exhibited in their efforts to build up Eclecticism. It must be that they are men of stern and immovable devotion to Eclectic principles, whom no amount of neglect can discourage, and whom carping criticism cannot irritate. For myself I shall lay down my gavel satisfied with my experience and grateful for its lessons, and will pray devoutly that a mantle of divine zeal and patience may fall upon and animate my successor.

I consider apathetic in action to be the great bane of our school, and will briefly give my plans for a resurrection of Eclectic life in the East.

First, I believe it must begin in the local societies. With about 2,000 Eclectics in the East, not one-fourth of that number, I understand, belong to any medical society. Eclectics, I am sorry to say, are to a great extent strangers to each other, and seem to stand aloof from one another.

They must in some way become acquainted with each other, and get to depending on one another, if they ever develop the enthusiastic Eclectic spirit necessary to a new Eclectic life in the East. They must first be gotten into and become interested in our local societies. How to interest them in the work of our school and get them into the societies is a problem for each auxiliary society to decide for itself, but I have thought out and will suggest the following plan:

I suggest that every member of the local society pledge himself to actually see, and personally urge, every Eclectic in his jurisdiction, to join his local society, and to do this four times a year—every three months—if needs be. If he cannot see them personally, then let him write them four as nice letters as he can indite, each three months apart, telling them of the progress of the school and society, and their benefits to them, and urging them, respectfully but insistently, to join at the next session. And after he has pledged himself, to do so, then let him actually do it. If this were faithfully done I don't know that it would bring the delinquents all into the societies but I believe it would bring in a lot of them. Of course this would mean work and a little expense for each member, but we have got to put on the harness of sacrifice if we really mean to accomplish anything for our school. The letters might each take a quarter of an hour of our time to write, and the total cost of them would not exceed ten cents to each person addressed per annum. Think of the pressure these letters would put upon the recipient. He might not think much of the first letter, or of the second one, or even of the third letter; but if there were twenty members in the society and each wrote him a pleasant but insistent letter of invitation, and did so four times a year, he would be a thick headed dullard if he didn't solidly conclude after a while that we really wanted

him to join us, and that it was just the thing for him to do.

Second. Our School cannot continue its existence without the constant infusion of new blood. We old fellows are getting out of the way pretty fast, and like as not it is a good thing for progress that we do. But whether we, individually, live or die, is as nothing when the life of Eclectic principles is involved; and they can only live through the young men and women whom we induct into their truths. We have medical colleges in unbroken chain from the Atlantic to the Pacific seaboard, and they have no equals in the world in the instruction they give in the practice of medicine. They ought to be filled to overflowing. The ambitious young men and women of the East seeking success in the medical profession ought to know about them, and in reality ought to be flocking in crowds to our New York college these days. And they would be doing so if we of the East loyally and intelligently held before them the Eclectic banner, and directed them to our college. And we must do something of the sort or Eclecticism in the East is going to be swallowed by the Allopaths and the live and sprightly Homeopaths.

Now, I have a plan that means work for us, that I think would amazingly help our school of medicine and our colleges. I say it means work, but we have got to work and work hard, and put into our work the spirit of sacrifice, if we save our school to the future, and raise it to the high standard it really ought now to be occupying. My plan is to have each Eclectic in our auxiliary and State societies, pledge himself audibly, so that we can hear him, that he will faithfully and honestly try, and try hard, to send at least one student to our colleges every year. Now, this may seem like a hard proposition, but it really isn't after all. In nearly every community there is a bright young man or woman who contemplates the study of

medicine. You are constantly mingling with the people, and it will be a strange thing if any one who so contemplates escapes your search, if you really are searching. Seek out such young persons and deftly—for it is sometimes a delicate thing to do—find out his ideas and learnings in the matter. Place in his hands some informing literature on Eclecticism, and let the heaven work for a time if he is scary. But be bold on one point, and that is, in positively asserting that Eclecticism is not only the most successful practice of medicine in the world, but the most—yea, the only—rational one. You can honestly do this, you well know; and positive assertions of truth do have influences on individuals and communities. Why, if the two thousand Eclectics in the East would honestly do this for one year, Eclecticism would receive such a boost into medical influence that it would actually startle our staid and modest brethren. And if they would honestly and faithfully follow it up for five years, Eclecticism would be literally on top of the medical heap. Our New York college would have to double its accommodations immediately and Boston, Philadelphia, Albany, Syracuse, Rochester and Buffalo would be dominant Eclectic centers in ten years.

Now, I know that some of you will laugh at this and call it rainbow chasing; but I honestly think that I have not spoken a thing which might not transpire if we Eastern Eclectics were only consecrated to our work. For to the consecrated all things are possible. Our Revolutionary ancestors won liberty because of it. The Reformation shook the world because its devotees were filled with it; and our Eclectic fathers established our rational system of medicine because of their devotion to its principles. All that Eclecticism needs to make it a world power in medicine to-day is the honest and earnest consecration of its members to the forwarding of its cause. I am sure that

if we attempted anything of this kind, this society would gladly furnish us with the literature necessary for the instruction of those seeking medical light before deciding what school of medicine they would select. And I am further informed that our New York college has a system of scholarships whereby the poor and deserving may be instructed in Eclecticism without advancing the regular fees. So we can be immediately armed—and well armed—if we are ready for the work. But, as our Methodist brethren say: "We must be converted ourselves before we can convert the world."

Third. Every Eclectic in the East ought to be a subscriber to our Eastern medical journal, the REVIEW; and he ought also to be a contributor to it. Just think what a power for Eclecticism the REVIEW would be with a subscription list of two thousand and such a corps of contributors as we could furnish it! For a medical journal is, after all, only a reflection of the life of a medical organization. Why, in ten years we could bury in oblivion every medical fad in the country; and "bugism," and "serumism," and "dilutionism," would be, by that time, as curious medical relics as are the sharks teeth prescriptions of the Chinese. If we, the two thousand Eclectics of the East, really subscribed for the REVIEW, and then devoted ourselves to the study of Specific Medication, and sent all our observations and studies to it for publication, not only would the world be immeasurably enriched by our contributions to its knowledge, but we, as a school, would so lead in the medical race that our Allopathic brethren, tagging away behind, would call out to us and ask for terms of membership.

Some more rainbow chasing you say; but it is all a possibility—and a most reasonable possibility at that—if we would only consecratedly devote ourselves to Eclecticism.

Fourth. We must keep ourselves in constant fellowship and attendance with our local, State, and National medical societies. Always attend them unless a funeral bars your path. If you find yourself growing careless in these things, beware, it is an evidence of decadence. Every bright and up-to-date physician finds it necessary to keep in touch with his medical societies if he wishes to keep abreast of the times; and it is doubly necessary that we common-place fellows do likewise. If you know of a physician who does not belong to a medical society, and who resolutely refuses to assume membership in one, he is a good man to cut; for he is either a dangerous know-it-all, or a fool. But, seriously, aside from the recreation of it, which all doctors sadly need, every physician should attend his society meetings for the purpose of exchanging and receiving ideas. For no intelligent physician ever attends a medical meeting, and keeps his eyes and ears open to what is there to be seen and heard, who does not get full value in practical medical knowledge for all the time and money he has expended in his attendance. This is not a rainbow chaser.

Fifth. Don't—please don't—for the sake of the reputation of your school, use the trashy, variable or inert medical preparations that flood the market. You really can't afford it. The graveyards are undoubtedly fat with the victims that might have been saved if reliable medicines, of fixed and definite quality, had been used in their treatment. Our school has steadfastly fought against humbugs for three-quarters of a century, and the greatest fraud of the ages is worthless and unreliable medicines. You hazard your reputation in using them. You tempt fate to snatch the life of your patient when you dally with them. Eclecticism stands for the best of everything, and it has established a standard of medicines not equalled in the world. I refer to

Lloyd's specific medicines. You can depend upon them every time. If your knowledge of pathology is well grounded, and you are a good observer, you can succeed in practice wherever success is possible if you use the specific medicines. Our Allopathic and Homeopathic friends are getting onto these medicines, and they are fast learning their value. They tell me at C. W. Snow & Company's drug store in Syracuse, where these medicines are for sale, that not more than one-fourth of their sales of specific medicines are to Eclectic physicians, the other three-quarters going to the Allopathic and Homeopathic physicians of that city. Again I say, "Stand by specific medicines because of their high and reliable qualities. They have advertised Eclecticism the world over, and are your never failing friends."

Sixth. Don't be afraid of letting the world know you are an Eclectic. I don't mean for you to stand on the street corners and shout it, but I do mean for you to stand by your guns bravely—yea proudly—if the occasion demands it. Why, I know Eclectics that really seem ashamed of their school. What they are ashamed of I could never find out, but they actually try to pass themselves off as Allopaths or Homeopaths. Well, when I found out that I was ashamed, too, but it was shame for them. It only took a little personal study to read them, and there was not an inch of their souls on which fraud was not written. Faugh! I never wanted to meet them again, and if they applied for membership into this society I should black-ball them.

Stand by your guns. Yours is the brightest page in medical history. You stand for the most rational, the most humane, and the most successful practice of medicine in the world, and you need not lower your colors for any one. America, the land of the free, has given to the world Eclecticism, a living and aggressive American practice of medicine; and you

have as good reasons for being proud of it as you have for being proud of the American flag. Hurrah! for old glory and the American practice of medicine.

But I told you that I would be brief, and I am about to stop. I am glad to see so many Eclectics here to-night. It is encouraging. The old fighting spirit of Eclectic liberty is not dead. And if anything I have said or suggested to-day, or during the past year, has found lodgment for good in any of your minds, and will propagate good for our school, or stir you more zealously to labor for its advancement, I shall have not occupied the chair in vain.

Lysander, New York.

CHOLELITHIASIS.

BY WILLIAM L. HEEVE, M. D.

Read at the Meeting of the Eclectic Medical Society of the State of New York, Albany, April, 1902.

No subject in medicine is more interesting than that which deals with the subject of gall stones. The advances made in this line of study have been many and much light has been thrown upon its etiology.

I shall discuss the subject from its clinical, chemical, pathological and bacteriological aspects.

Gall stones generally occur in people over forty years of age (Osler states 50 per cent.), and in females more than in males. It seldom occurs under the age of twenty-five. Many authors agree that women who have borne children constitute the majority of gall stone cases. Ninety per cent. of women subject to gall stones have passed through the lying-in period (Naunyn). The influence of pregnancy cannot be denied.

Those who are of sedentary habits are more prone to the development of gall stones than those of active habits, seldom do we find it occurring in the laboring

classes. Those having passed a prolonged illness, especially typhoid, confining them to the bed for many weeks, are most prone to develop gall stones.

I recall a case from practice; Mrs. W., age 34, during the seventh week of typhoid, developed acute, cramp-like pains in the region of the gall bladder which necessitated hypodermics of morphine and atropine, but no stones were found in the stools. About six months later when in normal health, she developed another attack of biliary colic, twenty-four hours after the second attack, five stones of small size were passed at stool.

Predisposition to gout, rheumatic, uric acid and lithaemic disorders are largely concerned in the production of gall stones.

A large majority of the inmates of lunatic asylums suffer from gall stones.

It is stated that 80 per cent. of cancers of the liver have gall stones in the gall bladder. The coexistence of cancer of the liver and cholelithiasis occur too often for merely a casual notice and the irritation of the nuclei of stones causing a low grade of inflammation should receive more attention than is given it at the present day.

VARIETIES.

Gall stones are of many varieties; stones mostly of cholesterin, stones of cholesterin and calcium salts, stones of bilirubin-calcium and the mixed stones of bilirubin-calcium, cholesterin and other salts, but all contain nuclei.

They vary in size, from bile sand (mostly bilirubin-calcium), generally found in the hepatic ducts, to stones of large size found in the gall bladder. They vary in color from yellowish white, yellow, light brown, brown, green to a very dark brown. They may be stratified or non-stratified, oval, round, flat or faceted.

Gall stones always contain a nucleus consisting either of bile pigment, bilirubin-calcium, cholesterin, micro-organisms or foreign bodies, surrounded most

generally by 70 to 80 per cent. of cholesterin, salts of calcium, magnesia, fatty acids, bile acids, traces of iron and copper.

BILE.

Normal bile is of a bright yellowish color, owing to the presence of bilirubin, its specific gravity is about 1040, reaction feebly alkaline, about 600 c. c., are secreted daily.

It consists of water, nucleo-albumin, bile salts as sodium glycocholate and sodium taurocholate, pigments as bilirubin, biliverdin, etc., fatty acids, cholesterin and lecithin.

It is formed in the intercellular biliary plexuses or bile canaliculi and carried by way of the interlobular, intralobular and intrahepatic ducts, thence to the right and left hepatic ducts, common hepatic duct to the gall bladder, where it is stored for further use in the economy.

CHOLESTERIN.

Of all the chemical constituents of bile, concerned in the formation of gall stones, cholesterin is the most important, as it forms the greater part of most stones.

There is a marked increase of cholesterin and but a slight increase of bile salts found in bile taken from the gall bladder, in comparison with bile taken from the hepatic duct, which gives conclusive evidence, that concentration of bile is not the only cause for this increase of cholesterin, but the additional increase must come from the gall bladder.

The question now arises: how is cholesterin formed? Some authors claim that cholesterin of gall stones is obtained from bile, but that seems doubtful owing to the small quantity contained in bile. The latest researches seem to prove that it is formed by the disintegration of the lining membrane of the gall bladder and its ducts.

The writer believes it is a constituent of the cell molecule and that it is given off in the process of cell destruction,

therefore, we find cholesterin in pus cavities, phthisical cavities, bronchiectatic sputum, pyonephrosis and many cysts. It has also been found in the discharge of cancers.

The writer has had the pleasure of carefully examining the gall bladders in two cases of cholecystectomies. The gall bladders were smaller in size than normal but the tissues were thickened and indurated, showing very small cavities. Each contained about two c. c., of a mucous-like material and a few stones. Upon drying this material, a great mass of beautiful crystals of cholesterin were found with bile pigment, etc. Washing the inner surface of the gall bladder with alcohol, evaporating the solution and testing the residue with sulphuric acid, gave a red color to the edges of the crystals which gradually became red then black entirely, thus proving to be crystals of cholesterin. With the second gall bladder, washing the inner membrane with hot alcohol, getting rid of the free cholesterin, then dissecting the innermost membranes getting all the mucous tissue possible, rubbing this mass with sand and macerating with hot alcohol, then evaporating the solution and examining the residue of the evaporated solution under the microscope and testing with sulphuric acid, resulted in finding an abundant amount of crystals of cholesterin.

The foregoing experimentation tend to prove that cholesterin is formed in the lining membrane of the gall bladder, due to cell destruction.

Cholesterin is positively not formed by the liver, but we may assume that it is eliminated by the liver cells from the blood, which collects it from the various tissues and if eliminated in excess, it may form nuclei, assuming that it is in a greater amount than the bile acids can hold in solution. It is an excretion.

In human feces it occurs as dihydrocholesterin or stercorin and excreted

as such. In blood-plasma it is present as an ester combined with oleic and palmitic acids, in corpuscle it occurs as pure cholesterin.

The physiological importance of cholesterin is unknown.

BILE SALTS.

Glycocoll is an amido-acetic acid found in bile in the form of its resultant salt, sodium glycocholate and may be considered a normal nitrogenous decomposition product of proteid.

Taurin is likewise a constituent of bile, being present in the form of its salt, sodium taurocholate and is also formed from proteid and gelatins.

In bile we find cholic and fellic acids, both of similar chemical structure. These acids combine with taurin and glycocoll forming taurocholic and glycocholic acids, which as their respective sodium salts make up the major part of the solids of bile. The biliary salts in the part may be absorbed in the intestine and a portion of those absorbed may again be secreted with bile, forming a biliary circulation. The acid of the gastric juice splits up the biliary salts by hydrolysis and taurin and glycocoll being absorbed while cholic acid is precipitated and passed with the feces.

Bile acids facilitate the absorption of fats.

BILE PIGMENTS.

Bile pigments originate from hæmoglobin and consists mainly of bilirubin and biliverdin, the other pigments stand to these as in relation of oxidation products. Bilirubin is the most important in consideration with gall stones, as it combines with calcium to form bilirubin-calcium, when decomposition of bile takes place, producing nuclei.

Croftan states that the following conditions are necessary for the formation of bile pigments and bile acids: *First*, presence of dextrose; *second*, hæmoglobin obtained from the broken corpuscles which

accumulate in the liver, and *third*, the presence of trypsin.

FORMATION OF GALL STONES.

When decomposition of bile occurs, due to stagnation from any cause, an interchange of the bile salts takes place, formation of acids, precipitation of bile pigments and cholesterin. The disturbed equilibrium producing an acid or an excessive alkaline condition, irritating the lining membranes of the ducts, which in return increases the nucleo-albumin, causing a precipitation of bile pigment and calcium, combining to form bilirubin-calcium. These precipitated substances form nuclei which may irritate the lining membrane causing a low grade of inflammation, resulting in nature's reaction; increased formation of cholesterin, encircling the offending nuclei and holding the produced stones quiescent. *Cum quiescunt*, they cause no trouble. We often find gall stones in the gall bladder at the post-mortem table, which have been retained with no apparent symptoms a great number of years.

The writer is inclined to look upon a low grade of inflammation caused by stagnant bile and nuclei, as almost positive evidence of the formation of gall stones. Just so long as a nucleus or foreign body can remain un-irritating no stone will result, but as soon as an inflammation occurs, perhaps only of low grade, then a stone will result.

An interesting case is reported by John Homans, July, '97, issue "Annals of Surgery," a cholecystotomy was performed April, '95, for removal of gall stones. A second operation was performed on this case January, '97, and oval calculi were found, having the sutures as nuclei.

It is stated that micro-organisms lodged in the gall bladder may form nuclei (Gilbert and Fournier), producing a low grade of inflammation and resulting in the formation of gall stones, also that the infec-

tion may be either hematogenic through the portal system, etc., or an ascending infection from the duodenum.

Many authors have stated that bacteria are a causative factor, producing an infective cholecystitis, thereby forming the elements for stone formation.

Personally I cannot understand how this can be true, as bile certainly possesses powerful antiseptic properties.

The power of normal bile to antagonize pathogenic bacteria is well put forth by "Talma" (Zeitschrift für klinische Medizin XLIII, p. 354; Cantralblatt für innere Medizin, Aug. 17), who injected various organisms into the gall bladder of a rabbit and he proved that it checks the development of the colon bacillus and the bacilli of typhoid and diphtheria, he further states that the epithelium of the gall bladder exerts a powerful destructive action on bacteria, especially the bacillus of diphtheria. If such is the case, little weight can be placed upon bacteria being the primary cause, but I can readily understand how an infection can take place secondarily. If the normal flow of bile from the gall bladder becomes obstructed or if the bile is retained in the gall bladder owing to insufficient contraction, becoming stagnant and as a result a decomposition of bile, then secondarily an infection can readily take place.

The theory that cholecystitis and cholangitis, not due to stagnant bile or nuclei, being the primary cause and gall stones the resulting factors, to my mind seems somewhat perplexing. I believe it can only occur as a secondary process, due to a disturbed equilibrium of bile. The belief that it is a continuation of a like catarrhal process of the intestines and stomach seems untrue, as my experience has taught me, that the gastric and intestinal symptoms are most generally secondary to the disturbance in the gall bladder.

Let us now take into consideration the

etiological factors and see if we cannot find a cause for possible formation of nuclei in the liver.

Women having passed through the lying-in period, people of sedentary habits, old age, etc., all point to a disturbance of the normal function of the liver, thereby causing stagnation of bile in the smaller ducts. Pressure upon the liver due to tightly laced corsets, passive congestion due to disease of the liver, kidney or valvular diseases of the heart. These factors prove that if obstruction occurs in the smaller ducts, due to the watery elements being absorbed, a concentration must take place with hardening of the constituents of bile, also the combining of calcium and bilirubin, causing disturbed equilibrium, nuclei resulting and when the part resumes its normal activity carrying the nuclei to the larger ducts and if they enter the gall bladder producing an irritation, gall stones are positively the result.

The foregoing proves conclusively that the factors concerned in the formation of gall stones are *first*, disturbed equilibrium of bile; *second*, formation of nuclei; *third*, a low grade of inflammation of the lining membrane.

Uric acid, rheumatic and gouty diathesis are largely concerned in the formation of gall stones.

We are well aware of the fact that if there is an incomplete oxidation of the proteid molecule, the alloxuric bases and the purins, or incomplete metabolism going on, there must be an incomplete formation of bile salts, causing a disturbed equilibrium of newly formed bile.

Glycocol, which normally forms its respective sodium salt, is found deficient and that small quantity which is formed, combines with other amids-bodies to form urea.

Cholic and *felic acids*, which do not depend upon the nitrogenous elements are formed as normally and as there is a de-

iciency of the glycoll radicle, there must be a disturbed equilibrium of bile, therefore, an excess of acid will produce a precipitation of the bile elements forming nuclei.

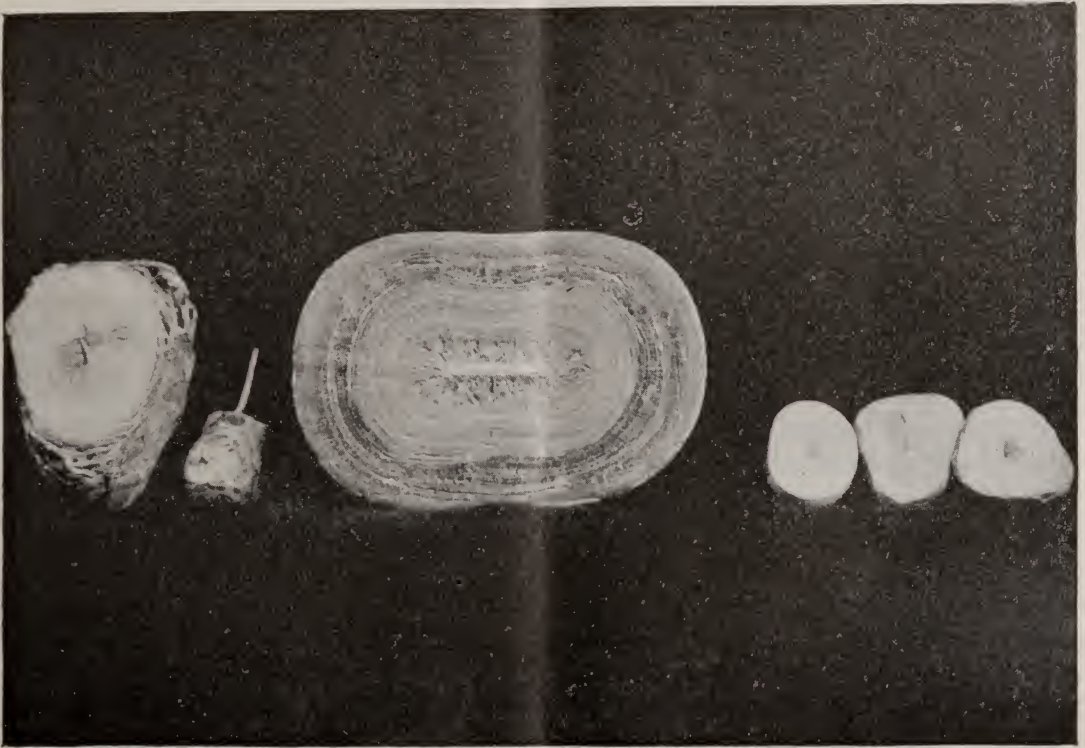
ARGUMENT FROM ANALOGY.

Does it not seem possible that nature in defense is trying to combat the irritating cause and in response she encloses the nuclei with a substance, which permits the finished product to lie quiescent?

A similar process is produced, when nature encapsulates or impregnates small tubercular caseous areas with calcium salts, thereby preventing further destruction of the surrounding tissue.

Pus also has been encapsulated by a like process.

I beg now to draw your attention to a line of research which I have carefully followed in the post-mortem examinations of the horse. I find conclusive evidence of nature's grand work in warding off the



The stone at the left contains an iron staple acting as the nucleus. The second stone from the left contains a wire nail, while the central large stone contains a piece of hay wire as a nucleus. This large central stone was found adhered to the intestine showing a mass of small circular ulcerations. The three stones to the right have small sand-stone pebbles acting as nuclei.

The concretions found in the appendix seem to have some resemblance to gall stones. We find these concretions to consist of fecal matter surrounded by calcium deposits and they are held quiescent unless they are disturbed, then they produce an acute inflammatory process.

injurious effects, which occur in the horse when foreign substances are taken with its food. The foreign particles as nails, pieces of hay wire, stones, etc., are found as the nuclei surrounded by stratified layers composed of calcium salts together with organic material and small quantities

of cholesterin. They vary in size from a stone as small as a pea, to stones six or eight inches in diameter and are shaped accordingly as the nuclei may be, nails form oblong stones while circular nuclei form round stones, as the foregoing illustration shows:

They are found in the intestines most generally and often the mucous membranes in the vicinity of the stone, or enterolith as they are termed, presents a chronic catarrhal inflammatory condition.

When the foreign body is lodged in the intestine it produces an irritation of the mucous lining, a low grade of inflammation resulting, which produces a deposition of calcium salts, etc., forming stratified layers around the nucleus and thereby preventing further destructive processes. These enteroliths may be found without any pathological conditions of the mucous membrane of the intestines and when so found gives evidence that they have been retained a considerable period of time and have travelled from their original position. Those of recent origin always show a catarrhal inflammatory condition or process of the surrounding mucous membrane and may adhere to the membrane, being held by a plastic exudation.

The above findings give evidence that the nuclei must be present before the stone can be formed and the nuclei due to its irritating influences, cause an excessive deposition of salts which are attracted by the nuclei and a stone resulting.

If the nucleus is the cause, *per se* and the stone the result in the formation of enteroliths and concretions of the intestines, then we may assume that the nucleus is the cause of the formation of gall stones, and no nucleus no stone.

A free flow of bile, complete metabolism within the system, normal equilibrium of the biliary elements are all essential for the prevention of the formation of nuclei.

From extensive investigations of many authors and from the many personal experiences of the writer, the principles herein enumerated may be accepted as logical deductions.

Br. of Brooklyn, New York City.

HYPNOTISM, THE HANDMAID OF MEDICINE.

BY JOHN T. SIBLEY, M. D.

Read at the Meeting of the Eclectic Medical Society of the State of New York, Albany, April, 1902.

The conservatism of the medical profession is proverbial, and nowhere has it been more plainly shown, or has its influence been more severely felt, than in its relation to hypnotism as a therapeutic agent. When Dr. Simpson discovered chloroform he was harshly censured by many of the physicians; and some went so far as to propose legislation to prohibit its manufacture, claiming that its use by thugs and thieves would become so common that society would be at the mercy of these desperate and criminal classes. The current literature of the day teemed with articles written to show what a terrible condition of affairs would exist if this powerful and deadly substance were to be used at all. In the face of protests and threats Dr. Simpson continued his investigations with a few friends.

Ignorance and prejudice were responsible for the opposition, and as these gradually wore away, chloroform came into general use, as one of the greatest boons ever given humanity. Who does not call to mind the ridicule and abuse heaped upon massage at one time. Many of the medical profession vied with each other in inventing invectives sufficiently venomous to express their indignation. As an adjunct to the general practice of medicine it is now considered of the greatest importance; so much so that the masseur has stepped from the level of monte-bank, which position had been assigned

him by the profession, to a plane even higher than that of the trained nurse, and close to that of the physician himself.

When Remak founded a practical system of galvano-therapeutics, he was sneered at and abused as an imposter. The best medical colleges of the country now give instruction in this important system of therapy, and the college that does not teach it is considered well behind the times.

When quinine was added to the *materia medica*, there was indeed opposition to its use.

It would seem that there has never been any substantial progress made in any branch of medical science without a fight.

That many methods of curing disease without material medicine are being formulated into systems of therapeutics, no one conversant with the trend of the times will deny. Nor can we escape the conviction that many of these systems, some of whose theories are absolutely ridiculous, are curing many cases of disease, that long presistant treatment by the usual methods do not seem to benefit. The success of some of these systems of psycho-therapeutics has been the cause of a rapidly augmenting demand for a rational system of therapy without material medicine, that would assist the general practice of medicine in certain directions, where it seems to be impotent. This demand has reared and fostered the various systems of faith and mind cures that are becoming so common. That all these systems are in a measure successful is plain to any honest investigator, and that there is a general law governing all these systems, is a demonstrated scientific fact. The progressive physician recognizes the demand for less medicine, and as it was the mission of Eclecticism in days gone by to relegate to the shades of oblivion the reprehensible practice of blood letting and salivation, so I believe its mission now is to further the good of humanity

by emphasizing the importance of a rational system of psycho-therapeutics.

The Eclectic Medical College of the City of New York some years ago added to its curriculum the study of electro-therapeutics, and when its graduates began reaping lucre and laurels in various parts of the country through their knowledge of this important branch of study, the colleges of the old school followed suit and no college of medicine is now considered up-to-date unless electro-therapeutics is embraced in its course. The Eclectic Medical College of the City of New York has established the chair of Suggestive-Therapeutics, and in the course of time the other medical colleges will follow the leader.

Our higher civilization has brought its sorrows as well as its joys, and the former frequently manifest themselves in an increased sensitiveness, that has been the forerunner and cause of many distressing troubles of a nervous or functional character. This higher civilization has wrought many changes in our habits and customs, which have become more and more modified as civilization became more exalted. Our virtues are more pronounced, and our vices, great and small, have had much to do with bringing about this increased sensitiveness from which so many functional and nervous disorders have sprung.

Our inordinate appetites, our intemperance in drinking and in other directions, the mad chase for wealth now so common, the obligations of modern society, often cruelly exacting, and the passion for what is known as a fast life, leave a train of serious disorders that often baffle the best efforts of the physician. The law of supply and demand is one of nature's most irresistible and this is wonderfully well exemplified in the revival of suggestive therapeutics to meet the demand of the age for a drugless and more efficient remedy for civilization's ravages. At no time in the history of medicine have func-

tional and nervous disorders been so common, and at no time has there been a more candid, earnest investigation of psycho-therapeutics.

The list of scientists and physicians of high position, who are at this time open and avowed advocates of hypnotism as a therapeutic agent, embraces many of the best minds of the world. The old policy of leaving such matters in the hands of the charlatans and quacks has been abandoned and hypnotism has become a subject for investigation by many of the really great men of the scientific world.

The opposition to hypnotism may be grouped under two general heads: First, that it is dangerous. Second, that its benefits are not lasting. The first set of objections grow directly out of ignorance of the philosophy of hypnotism, and the belief that there is something mysterious or uncanny about it.

There is nothing more mysterious about hypnotism than there is in the theory of gravitation. Its phenomena are easily explained under a clear-cut general law, that not only explains the phenomena of hypnotism, but throws a flood of light on every branch of psycho-therapeutics, including Christian science, massage, osteopathy and all the various forms of mind and faith cure. The more these things are studied in the light of common sense, the more rapidly does the mystery disappear.

Those who have criticized hypnotism most harshly have been those who have known least about it, and who refuse to investigate it in a spirit of fairness. The most ardent advocates of hypnotism at this time are those who at one time opposed it, but who were willing to watch carefully its course through the alembic of scientific investigation. Sometimes opposition to hypnotism has grown out of the idea that somebody's personal interest was to be jeopardized by it. Human nature is the same in all ages and in

all countries, and the moment a measure or system is proposed that will seemingly engender conditions that militate against the interests of certain individuals, there will arise a well defined opposition no matter how great the general good. Some of the medical profession fought hypnotism for years through selfish motives, imagining that its use would restrict the prerogatives and diminish the emoluments of the doctor. Professional prejudice is rapidly disappearing and hypnotism, which has been passing through the crucible of conservatism and ignorance, is being purified of its dross and slag, and is emerging from the chrysalis condition of experiment and investigation, and assuming the beauty and full grown proportions of nature and symmetrical development.

It has reached that point where sneers do not affect it, and its mission of mercy is recognized everywhere.

There is much less danger in the use of hypnotism than in the use of scores of drugs, many of which can be purchased in the open market by any one. Rust says: "The best thing you can say of a remedy, or method of cure, is that it may do harm, for what can do no positive harm can do no positive good."

Statistics show that about one case in a thousand where chloroform is used proves fatal. Deaths often result from the improper use of antipyrine, carbolic acid and morphine. Shall we dispense with these valuable remedies because they are dangerous? Shall we strip the materia medica of all the drugs that may do harm when improperly used? If so our present bulky dispensaries will be reduced to vest-pocket size.

The crimes that have been attributed to hypnotism cover nearly the whole list, in the face of the fact that there is hardly a well authenticated case. Can as much be said for other systems of practice? Did you read in the daily papers of New

York a few days ago of the case of a family in the best resident portion of that city being chloroformed and robbed? Such cases are not uncommon. It is prostituting the use of a good remedy to a bad purpose. It is plainly the misuse of it, and it is barely possible that hypnotism might be misused as well. Crime, however, cannot be aided through its influence, and the dangers of hypnotism which have been magnified a thousand fold, must be found in other directions. A person cannot be hypnotized against his will, and when in hypnosis cannot be made to do anything that endangers his person or that conflicts with his principles.

The second set of objections embrace those which grow out of the idea that cures made through hypnotic influence are not permanent. My own experience has been, and I am sustained by the best authorities, that the cures of hypnotism are much more lasting than the cures made with medicine. I have seen cases of rheumatism that had been "cured" semi-annually for years, treated and permanently cured by suggestion.

I have seen functional and nervous disorders of various kinds that would invariably relapse when cured by medicine, yield quickly and permanently to the influence of hypnotism. In nearly every case where a relapse has occurred it has been caused by adverse criticism, which has acted as contrary suggestion. As many persons can be made sick by the continued suggestion of paleness and other evidences of abnormal physical conditions, so the same persons when cured by suggestion, can be brought to a state of relapse by the often repeated suggestion that the treatment does only temporary good.

Another objection to hypnotism grows out of the idea that hypnosis means a state of unconsciousness. Nearly everybody can be hypnotized, but very few go

into an unconscious state. In the first stages of hypnosis there is only an increased credulity, the patient being wide awake, and in a perfectly normal condition in every respect, except that he accepts suggestions more readily.

In the next state, that of light hypotaxy, the patient can resist suggestion only by a decided effort. It is rarely, if ever, necessary to take a subject beyond this stage in order that he may receive the full therapeutic effect of hypnotism. I have already stated that the phenomena of hypnotism are readily explainable under a clear-cut law. The various theories that have been advanced from time to time to account for these phenomena are numerous; but until Leibault announced the theory of suggestion, there was no well defined law that would cover all cases. His discovery that suggestion is the all-important factor in inducing hypnosis, as well as the cause of the subsequent phenomena, is one of the most important discoveries in the whole range of psychology. It lifted hypnotism out of the slough of necromancy and mysticism, and gave it a reputable position among the sciences.

In its new shape hypnotism appealed to the common sense of the scientist, and careful investigation followed.

Goethe has said: "The greatest enemy to new ideas, are the old ideas." The old ideas of hypnotism are rapidly disappearing, and it is now so strongly entrenched in the hearts and minds of honest investigators that no onslaught of ignorance or prejudice can be sufficiently violent or protracted to dislodge it.

We can the better understand the idea of Liebault when we study the dual character of man's mental organization, and the functions of the subjective and objective minds. Herbert Spencer has said: "Two sorts of nervous action go on in the brain; one automatic and instinctive; the other volitional and deliberative." The objective consciousness is a function of

the physical brain and is weakened as the brain becomes injured. It is the mind that we need in our material surroundings; and is capable of reasoning by all methods. It will not accept any statement that conflicts with reason or the evidences of our senses. The subjective mind is not a function of the physical brain, but is a distinct entity having independent functions and powers. It is incapable of inductive reasoning, and accepts as a fact every statement presented to it, no matter how absurd or ridiculous. It has complete control of the functions and sensations of the physical body. When a person is in a hypnotic condition the objective mind is wholly or partially dethroned, and the subjective mind is in control. Disease is an abnormal condition that nature is striving at all times to correct. Many diseases are due to functional derangement, or improper nervous action; and in such disorders hypnotism is a genuine specific. Some nervous disorders depend on what might be termed disturbed equilibrium. A clock though wound will not run till the pendulum is started; and many times a paralysis or other nervous affection needs only restoration of nervous power that has been inhibited. Hypnotism is curative in rheumatism, neuralgia, many forms of paralysis, chronic constipation, aphonia, alcoholism, insomnia, dysmenorrhæa, nervous prostration, physical exhaustion, etc. In cases where the diagnosis is obscure, hypnotism is often of the greatest benefit. Modern medicine is largely a matter of diagnosis, and a poor diagnostician will never make a good doctor.

Diagnosis is a matter of small moment in suggestive therapeutics; although it has been more successful in the hands of scientific physicians than in the hands of others. Hypnotism is practical psychology, and the cause of so much error in regard to it has grown out of the fact that many investigators try to explain the phe-

nomena on the grounds of physiology or cerebral anatomy. Too often investigators have attempted to solve these interesting problems by a study of a mangled cadaver, instead of looking into their own inner natures. It is the effort to resolve psychology into physiology, which can never be done, for man is something more than a mere chemical combination.

Suggestive therapeutics is with us to stay. In many countries of Europe its practice is as common as that of massage or electro-therapeutics. The lecture halls of many of the best universities are open to it, and hospitals for special treatment by hypnotism are already established. Many renowned scientists endorse it, and conventions representing nearly all the civilized nations of the earth meet to discuss it. Magazines devoted exclusively to hypnotism are published in many parts of the world, and public clinics in some of the large cities are as well attended as those for diseases of the eye and ear.

Hypnotism is not a neurosis, nor a pathological condition of any kind; it is simply an induced psychical condition in which the subject is more amenable to the influence of suggestion. Hypnotism is not a universal panacea, but is limited in its application. It can never take the place of medicine, but as its handmaid, it becomes one of its most important adjuncts; and it has now reached a position where it needs no argumentative prop.

The fact of its usefulness is so firmly established, and the means of demonstrating its power to relieve pain and cure disease are so readily accessible, that he who does not believe is simply ignorant. The gloom of night no longer surrounds it. It has passed into the twilight. Not the twilight of evening that grows more and more sombre, but the glowing twilight of morn, that sheds an ever increasing effulgence that betokens the approach of the mid-day sun of truth and knowledge.

Brooklyn.

PINUS CANADENSIS.

BY EARL H. KING, M. D.

Read at the Meeting of the Eclectic Medical Society of the State of New York, Albany, April, 1902.

It is with some hesitancy that I come before this society to present a paper of my own production. Being one of the younger members, I feel that what I may present has had its birth in instruction which I have received at the hands of many of you here present. Believing, however, that each and every member should do his part in making these meetings successful and profitable, I humbly bring before you for discussion one of our simpler but most useful remedies, viz.: *Pinus Canadensis*.

This tree is of the natural order Pinaceae, and is known as the *Abies Canadensis* or commonly as Hemlock-Spruce. It grows from 60 to 75 feet high, having the general characteristics of the trees of this family and is covered with a rough bark. For medicinal purposes preparations of the fresh inner bark are commonly used.

Its constituents are tannic acid, resin and a volatile oil. The resin is obtained by boiling the knots and the oil is obtained from the branches by distillation with water.

Among the more commonly used preparations are the tar, oil, pitch, balsam, *Pix Canadensis*, *Emplastrum*, *Specific Pinus*, fluid extract and non-alcoholic extract. The best fluid preparation that can be obtained is that known as Kennedy's Extract *Pinus Canadensis*, of which there is a "white" and "dark." Although the process of preparation of these extracts may be a proprietary one, they are not a secret combination of drugs whose nature and proportion we know nothing of, but, on the other hand, are stable, reliable and potent fluid preparations of this valuable therapeutic agent. I believe we as physicians are, therefore, entirely justified in using such a product. That known as

the White *Pinus* undergoes a process by which all coloring matter is removed from the drug and to compensate for the astringency lost by such extraction there are added 5 grs. each of Alum and Zinc Sulphate to the ounce. The dark should always be used for internal administration, or locally where staining is not an item; the white for external use to prevent staining. The dosage of either the fluid extract, *Specific Pinus* or Kennedy's Dark Extract is 5 to 60 drops.

The pitch is used as a substitute for Burgundy pitch. A tincture of this part of the tree is sometimes used internally and is diuretic and stimulant.

The general therapeutic action of *Pinus* is tonic, astringent, diuretic, diaphoretic and stimulant.

The essential oils have been used by the laity and unscrupulous practitioners to produce abortion, but they are dangerous to life when given in doses sufficient for this purpose.

There are no definite specific indications laid down for the use of *Pinus Canadensis*, but generally speaking it is indicated in asthenic catarrhal conditions with feeble digestion and pallid mucous membranes with profuse secretion.

Prof. King wrote of it as follows: "A strong decoction of the bark is beneficial in leucorrhea, prolapsus uteri, diarrhea, etc., administered internally and used in enema. It is likewise of service as a local application in *grangrene*."

The oil of Hemlock used in the form of a liniment either alone or in combination with similar and potent remedies is very beneficial in local inflammations such as croup, lumbago, sciatica, sprains, bruises, rheumatism, orchitis and simple glandular swellings. The following formula makes an excellent liniment to be used in such conditions:

℞ Gum Camphorae ʒi.
Ol. *Origanum* fʒss.
Ol. Hemlock fʒss.

Ol. Sassafras f*5i*.

Ol. Cajepu*t 5i*.

Fl. Ex. Capsicum f*5ss*.

Alcoholis *5viii*.

Dissolve the camphor and oils in the alcohol and add the capsicum. When the liniment is to be used near the eyes or any mucous surfaces, the capsicum should be omitted.

The oil or boughs placed in boiling water and used as a vapor bath gives relief in acute and chronic rheumatic conditions.

Internally the Fl. Ex. Sp. Tr., or Kennedy's Extract given in 5 to 20 drop doses every 3 hours to 4 times daily is of service in chronic bronchitis with profuse secretion; acute catarrhal conditions after the inflammatory stage has ceased and there is excessive secretion of mucous; asthenic conditions with impaired digestion and paleness of mucous membranes. Here the mucous membranes are relaxed, the system is enfeebled and the astringent and tonic effect which Pinus exerts is what is needed. When the catarrhal condition involves the mucous membrane of the pulmonary tract, the oil of Hemlock and oil of Eucalyptus in the proportion of one-half dram of each to an ounce of refined white petroleum oil used in a nebulizer gives great relief and is of material aid to the internal treatment.

An excellent treatment for sub-acute and chronic catarrhal conditions of the nasal mucous membranes is the dark Pinus, one to two drams, and Listerine, one-half to one ounce to a four-ounce mixture used in an atomizer or nasal douche two to four times daily.

Epistaxis can be effectually controlled by using the following in an atomizer or in severe cases by packing the nasal cavity with gauze or cotton saturated with the same:

℞ Pinus Can. (dark) *5ii*.

Hydrogen Peroxide *5i*.

Aqua qs. *5ii*.

As a mouth wash for use in nearly all inflammatory and catarrhal diseases of the buccal cavity, two drams of the White Pinus and one-half ounce of Listerine added to four ounces of water is almost specific. The same prescription used frequently gives great relief and promotes healing after the extraction of teeth. Used for four or five days previous to the use of a local anesthetic in the gingiva, especially where there is a spongy condition, it greatly facilitates the action of the anaesthetic.

As a gargle in all forms of tonsilitis and in pharyngitis and laryngitis of the follicular variety the results are not excelled by any other remedy in the materia medica. The following stock formula is a convenient one, which can be diluted or altered according to the case in hand and used as a gargle:

℞ Pinus Can. (dark) *5ii*.

Glycerine *5ii*.

Listerine *5iv*.

Dilute with from two to four parts of warm water, most commonly the latter proportion. When there is a putrescent odor or the tonsillar crypts are filled with exudate the addition of 4 to 6 gr. of Zinc Sulphate to the ounce will meet the indication. Where there are patches on the fauces and pharynx, using a gargle of Hydrogen Peroxide and rinsing with hot water just previous to the use of the Pinus mixture will allow the medicament to come into closer contact with the diseased tissue and produce a more beneficial effect.

In chronic diarrhea and dysentery the Fl. Ex., Sp. Tr., or better the dark non-alcoholic extract given in 5 to 20 drop doses either alone or in combination with other indicated remedies is almost a specific. The following formula modified to suit the individual case has given me good results:

℞ Ex. Pinus Can. (dark) *5i*.

Fl. Ex. Geranium Mac. *5i*.

N. T. Xanthoxylum Bark ʒiiss.
 Syr. Rhei et Soda Comp gs. ʒiv.
 Sig. ʒj. every 2 to 4 hours.

Should there be pain and tenesmus present add Dioscorea; if pains of a colicky nature add small doses of Colocynthis; if fermentation and the formation of gas add from 5 to 10 grs. of Lloyd's Asepsin to the formula. In obstinate cases of dysentery it may be necessary to use enema, possibly with the aid of a rectal tube or large soft rubber catheter, of either an infusion of the ground bark or the non-alcoholic extract, half an ounce to the pint of hot water.

It is a very useful remedy in the treatment of uterine hemorrhage, also catarrhal and ulcerative conditions of the vagina and uterus. In menorrhagia it may be administered internally and used locally by intrauterine injection.

It has been used and recommended in all other hemorrhages of internal origin, such as hæmoptysis and hæmaturia, but I find other remedies give better results in the last two mentioned conditions.

In leucorrhœa the white extract should be used in the proportion of one dram to half an ounce to the pint of hot water as a douche once or twice daily. It is sometimes necessary to apply locally on cotton, after a hot water douche, the dark extract diluted with from one to four parts of water, leaving it in place for several hours at intervals of two or three days in order to get the continuous effect. These tampons, however, should not be left in place continuously for a day or two at a time for the reason that by so doing a continued relaxation of the muscular coat of the vaginal wall will be produced.

In ulceration of the os uteri the dark extract should be used in the proportion of one or two drams to an ounce of equal parts of glycerine and water, applied on wool tampons. The addition of Hydrastis in this condition, when there is a thin

water discharge present, is beneficial.

In catarrhal conditions of the cervical canal the following treatment has yielded good results in my hands. Cleanse the cervical canal with mops dipped in equal parts of Hydrogen Peroxide and warm water, then, after drying the canal with dry cotton mops, apply from 10 to 15 drops of the following solution with a glass uterine pipette, being sure to distribute it along the entire length of the canal.

R Ex. Pinus Can. (dark) ʒi.
 Fluid Hydrastis (Merrell) ʒi.
 Glycerine qs. ʒi.

The strength of the above may be increased in obstinate cases and the treatment should be repeated every second day until improvement is marked and then twice to three times weekly.

The dark Pinus used either in full strength or diluted is effective in controlling hemorrhage from cancer wherever located.

It is perhaps needless to add that in all conditions where its topical use is recommended that the indicated remedies should be given internally in conjunction with the local treatment.

The use of the white extract diluted in the proportion of one or two drams to four ounces of water has been highly recommended as an injection in the treatment of gonorrhœa and the dark extract internally in irritability of the bladder in the same disease, but I have had no personal experience with its use in these conditions.

There are doubtless many other uses to which this valuable remedy can be put, but I do not feel justified in entering into a discussion of its employment in those conditions where I have not given it a personal test.

It is hoped that the thoughts here presented will be the means of causing the older practitioners to use more extensively and the younger members to investi-

gate more thoroughly this safe and simple but very potent and efficient remedy.

Saratoga Springs, N. Y.

SIDE LIGHTS ON STATE MEETING.

BY WEARY WILLY (the Sport).

Talk about your higher plane of education, why on the second day of the meeting the "younger element" soared so high that had John Stuart Mills or Herbert Spencer been present or old Dr. Hunter, they would have wished for the usual "hole" to swallow them. As it was it made the "Easy Boss" very uneasy for a time.

The sporting end of the "gang" went up on the boat. The boys thought to *do* that old chivalrous knight—whose name suggests, or makes one think of that sparkling drink which carries warmth and pleasure to the heart but makes a fool of the cerebrum. But the old knight came "up" each and every time without a reminder, and like a good tried and true representative of the old school handled his "blades" so well and with so much discretion that victory and the "spoils" were his.

"Toms" had the honor of getting the first "headache," though Saison was a close second with "cold feet."

What appeared to be a sucker from Brooklyn was too much of a "Hill" to climb, considerable of the "long green" was left at the foot of the Hill.

What proved to be "easy" was "Harry" from P. D. & Co., of whom it could be well said "he fought a *noble* battle" but finally surrendered boots and all.

By way of diversion the "French dancing master" was "done" on the *board* but, he equalized things by "doing" the boys on the "change." A little peculiarity of his for which (if it came to a vote) he would *always* receive the first prize.

He of the name of mineral water fame kept his hands close to his chest while he

kept up his strength eating kosher ham sandwiches.

Tommy fleeced the lambs and, for that matter, some of the sheep, like a true disciple of the great Bryan, even like "the boy orator of the Platte," he made no distinction, when it came *his way*, between silver, bills or I. O. Us, but like a true brother of the "horney handed son of toil" took everything in sight. His "aquisitiveness" became so manifest that for a time I really was afraid I would become "tainted" myself, but thanks to my lack of self assertion and humble spirit I escaped.

It is funny but nevertheless a fact that the Brooklyn contingent never fail to keep up that city's reputation for brotherly and sisterly love.

"Brandy" is getting real dangerous to have around when the feminine gender act as "waiters," his "goo-goo" eyes are as suggestive as Sibley's *hypnotic suggestion*. Brandy never fails to alimentate royally. I really think with proper soil and a good team Brandy would still make a good farmer and raise a crop that would be the admiration of the country fair.

I have been wondering what makes "Sam" so solicitous of the boys comfort near State meeting time and how easy he gives up (before election) but the thing is fully explained when one calls to mind the fact that "Sam" is a good Republican and often spends a half-hour in the "Amen" corner at Twenty-third street and Fifth avenue.

It was a real *pleasure* to see the rivalry at the convention of our country brethren in *booming* the new college building. The "Easy Boss" became so enthusiastic over the event that he almost wept for joy. To be frank, I tried on the Q. T. to get some one to suggest me for treasurer.

It was real and unalloyed pleasure to listen to our worthy local president discuss Sibley's paper. Talk about a Webster or a Clay! the comparison is odious.

Think of the delightful flow of oratory, every nook and corner of the whole and entire world, inside and outside, received its due and learned consideration. For over a half an hour the audience was held spellbound until the final sentences, we awake abruptly almost with a shock for we were unable to digest quickly the *soul inspiring* words "I agree with all" Dr. Sibley has said, but I disagree with him on the main points!!!

Think! and to think he advocated the "dry method." Can you imagine what would have happened had he used and advocated (I certainly mean in a legal manner) the "wet method."

Winter home—Skaneateles.

Summer home—Coney Island.

THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

RHEUMATISM.

This disease may be classed among the most intractable complaints with which the general practitioner has to contend. As is well known it occurs in various forms and affects various parts of the body. It may not prove entirely profitless, therefore, to briefly pass in review some of its prominent features before considering its treatment.

The articular form is an inflammation of the joints and surrounding structures. Exposure to cold and dampness, sudden suppression of perspiration and inherited predisposition are among its most frequent causes. The knee, elbow, wrist, hands, feet and shoulders are the parts most frequently affected. There is swelling, pain, tenderness and redness. The pain is increased by movement, and is usually extremely sharp, but it may be dull and aching. In acute inflammatory

rheumatism the swelling often rapidly disappears from one locality and as rapidly appears in another. The perspiration is usually sour-smelling, there may be an eruption, the urine is high colored and scanty, the pulse is rapid and the respiration frequent. Pericarditis, endocarditis, pleurisy, pneumonia and bronchitis are not unusual complications.

Chronic articular rheumatism does not present any marked structural changes in the parts affected. It is a mild but persistent inflammation of the joints and surrounding tissues, and may be local or general. It more particularly affects adults and the aged, and may follow the acute form, or may be chronic in its nature from the beginning. Cold, dampness and unfavorable hygienic surroundings are its most frequent causes. Heredity also many times exerts a predisposing influence of no small importance. In the milder forms there is more or less severe pain in the joints affected, with slight swelling, stiffness and weakness, or there may be unpleasant aching in the parts involved. These symptoms may continue, with remissions, for many years, usually becoming more severe during the winter and spring months, or recovery may take place within a reasonable time. This rheumatic wrong may locate in one articulation for a time, and then suddenly change to another.

In muscular rheumatism we have to deal with a painful affection of the fibromuscular structures without inflammation or structural change. Exposure to cold and dampness, muscular strain and exhaustion are the prominent causes of this form of rheumatism. There is pain on movement and usually tenderness on pressure, but in some cases firm pressure has been known to relieve the pain. There may be slight fever. The disease seldom becomes chronic.

Another form of rheumatism attended with deformity, and sometimes dis-

organization of the joints, is recognized as rheumatoid arthritis. Like other forms of rheumatism, it is most frequently caused by exposure to cold and dampness, bad hygienic environments and inherited disposition. It usually comes on slowly with neuralgic pains, stiffening and deformity of the joints. The surrounding tissues become atrophied, giving the joints an appearance of enlargement. It begins in the smaller and progressively involves all of the articulations.

Gonorrhœal rheumatism resembles chronic articular rheumatism, and, as its name implies, is associated with inflammation of the urethra. It frequently occurs during the last stage of gonorrhœa. It is seldom that more than one or two of the joints are affected.

In the treatment of rheumatism the indicated remedy will prove to be the most effective antirheumatic. A disease presenting such varied abnormal conditions as does this suffering-producer, necessarily furnishes indications for a great variety of drugs. Aconite is a very efficient antirheumatic when the pulse is small and frequent, and the skin hot and dry. Spasmodic contraction of the muscles is relieved by bromide of ammonium, and acute pain in the joints is modified by bryonia. A sense of oppression in the region of the heart and an impaired action of the heart, with pain and dyspnœa is an urgent call for cactus which should never be neglected. When there is swelling of the joints, accompanied by tearing pains which are increased by motion, colchicum will do much good, and when there is muscular pain in the back and limbs, with a sensation of soreness in the muscles, macrotys should not be overlooked. Glandular enlargement and blocked lymphatics plainly suggest phytolacca. Rhus tox. is a valuable anti-rheumatic when the affected part is bright red in color and there is burning pain. When there is high temperature, flushed

face, and great restlessness, gelsemium will aid much in relieving the patient. If the tongue has a thin blueish-white coating, the organ itself being pallid, the salicylate of sodium will prove a remedy of considerable antirheumatic power. Many physicians have found specific sticta a desirable medicament when there is pain in the shoulders, back of the neck, and extending to the occiput, and also when the smaller joints are inflamed in connection with the larger ones, with circumscribed redness, swelling and heat.

The above named remedies will usually give a good degree of success in the treatment of rheumatism, but in some chronic cases no marked specific indications for remedies, so far as they are at present understood, can be seen. In order to meet such cases as these I have had manufactured for my use a tablet constituted as follows:

R Salicylate of Lithia, gr. 2½.

Macrotin, gr. ½.

Phytolaccin, gr. 1-16.

Colchicine, gr. 1-300.

Specific Crataegus Oxy., m. v.

Sig. Dose one tablet every two to three hours.

This tablet has given me success in many cases which had previously failed to obtain relief.

Sometimes beneficial results are obtained from liniments. The following is the most efficient of any with which I am acquainted:

R Sp. Aconite, ʒiv.

Chloroform, ʒi.

Soap Liniment, q. s. ad., ʒiv.

M. Sig. Apply with the hand two to four times a day.

ARALIA RACEMOSA.

Common Name.—Spikenard.

Natural Order.—Araliaceæ.

Part used.—The root.

Description.—This plant has a dark green or redish herbaceous widely

branched stem from three to four feet in height which arises from a thick aromatic root. Its leaf stalks are divided into three partitions, each of which bearing three to five large pointed and downy leaflets.

Doses.—Fluid extract, 1 to 2 drachms; specific medicine, 5 to 40 drops.

Usual Dose.—10 to 15 drops.

Indications.—Acid leucorrhœa with offensive odor; suppression of menses from cold; suppression of the lochia, with pain in the uterine region; indolent and fetid ulcers; dysmenorrhœa; scrofulous enlargement of glands; chronic catarrh; irritation of the bladder with scanty urine.

Aralia Racemosa is alterative, diaphoretic and gently stimulant.

JATEORHIZA PALMATA.

Common Names.—Columbo, Calumba.

Natural Order.—Menispermaceæ.

Part Used.—The root.

Description.—This is a herbaceous vine which climbs over trees in the forests of tropical Africa. It has a perennial root composed of a short rhizome from which issue a number of large fleshy roots. The leaves are alternate and palmately lobed. Its flowers are borne in pendulous axillary panicles.

Doses.—Fluid extract, 10 to 30 drops; specific Calumba, 5 to 30 drops.

Usual Dose.—5 to 10 drops every four hours.

Indications.—Atony of the stomach; debilitating diseases of the stomach and bowels; chronic malaria with intermittent fever; intestinal flatus; chronic diarrhœa and dysentery; muscular debility of young children; sympathetic vomiting, as in pregnancy.

Jateorhiza Palmata is a pure non-astringent bitter tonic.

POLYGONATUM MULTIFLORUM.

Common Name.—Giant Solomon's Seal.

Natural Order.—Liliaceæ.

Part Used.—The root.

Description.—This plant has a perennial root with a recurved smooth stem from one to four feet in height. Its leaves are alternate and from two to six inches long by one to two inches broad. The flowers are small and greenish-white in color. It has a globose berry which is dark-blue or blackish when ripe.

Doses.—Fluid extract, 1 to 2 drachms; specific medicine, 5 to 60 drops.

Usual Dose.—5 to 20 drops.

Indications.—Irritated and relaxed mucous membranes; leucorrhœa and menorrhagia; debility, especially in females; irritable conditions of the intestines, especially when attended with burning sensations; congestion of the liver, spleen or intestines; inactive portal circulation; hemorrhoids.

This agent exerts a direct action upon the circulation, and especially upon that of the venous system.

Polygonatum Multiflorum is tonic, mildly astringent and mucilaginous.

QUERCUS ALBA.

Common Name.—White oak.

Natural Order.—Cupuliferæ.

Part Used.—The bark.

Description.—This forest tree sometimes attains to the height of sixty to ninety feet, with a diameter of three to six feet. Its bark is whitish, often with dark spots. The leaves are oblong, bright green in color, and divided into from three to five lobes.

Doses.—Fluid extract, 30 to 60 drops; specific medicine, 5 to 30 drops.

Usual Dose.—10 to 20 drops.

Indications.—Acute and chronic diarrhœa; profuse night sweats; relaxed mucous membranes with profuse discharges; passive hemorrhage; relaxed uvula; bleeding hemorrhoids; leucorrhœa, menorrhagia and hæmoptys.

This agent has proved curative in many cases of epidemic dysentery after the failure of many other approved remedies.

Previous to its exhibition in dysentery the bowels should be evacuated by some mild cathartic.

Quercus Alba is tonic, astringent and antiseptic.

The following interesting letter comes to me with the request that the writer's name be omitted. The name of an experienced physician attached to an article gives weight to the statements made, but a writer's name and address is only required by the editor of this department as an evidence of good faith. It will be published only when no request to the contrary is made.

J. W. Fyfe, M. D., Dear Sir: If we keep our therapeutics well in mind, and thoroughly educate our eyes, ears and fingers, the cases which will not promptly yield to specific medication will be few indeed; at least, that has been my experience. I would, therefore, urge the young doctor who desires to become a successful practitioner to make a thorough and constant study of this system of practice. To illustrate my understanding of specific medication I will report a case—a very common one.

I was recently called to see a child fourteen months of age, and found the following symptoms: It seemed to be in a comatose condition, the pupils were very much dilated, its eyes but partially closed, it had an irritative cough, the temperature was 103° and the pulse 120. The treatment was as follows: *R* *Sp. belladonna*, gtt. iii, *sp. bryonia*, gtt. v, water, $\bar{\text{z}}$ iv; teaspoonful every hour in alternation with *R* *Ferrum Phos.* 3x, gr. xx, water, $\bar{\text{z}}$ iv; teaspoonful every hour. The forehead was bathed once an hour with a lotion consisting of one drachm of specific aconite and four ounces of water. In three days the child was well.—H.

A case of resorcin poisoning in an infant five days old has recently been re-

ported. One-fourth of a grain of the drug every four hours was ordered, and after the sixth dose the child became cyanotic, pulseless, cold and clammy, and the urine passed before the collapse set in had a smoky color. The child's bowels were flushed with a very warm saline solution every three hours, warm sweetened tea was administered by spoon frequently, and the little patient was given a hot bath (110° F.) every two hours, and kept warm by hot water packs. As soon as the child was out of collapse it was put to the breast, and in a few days its recovery was complete.

It is said that cases of the cocaine and morphine habit are generally among white people, while the combined use of cocaine and whiskey appears more frequently among the blacks. The latter two drugs used in combination seem to smother all moral sensibilities. In regard to the treatment, the cocaine habit is similar to the whiskey habit, and can be stopped if the patient has enough will power left. A few days bracing with strychnine will give the victim some assistance.

In a recent case of morphine poisoning of a girl in Paris cocaine was successfully employed. The patient was in a state of coma, respiration five to eight minutes apart and the pulse imperceptible. Two small injections improved the pulse and respiration, and the third restored her to consciousness. The girl recovered. The quantity of the drug used is not stated. Cocaine requires very careful use, otherwise it is worse than morphine.

Dr. Freudenthal checks hemorrhage from the nose by using a solution of gelatin. He dissolves six ordinary strips of white gelatin in a cup of boiling hot water and injects from two-thirds to an ounce of the liquid warm solution into the nostril. By compressing the *alæ nasi* so as

to prevent the escape of the liquid it quickly forms a mass and checks the bleeding.

After numerous experiments on animals English investigators are of the opinion that dilute hydrocyanic acid is the quickest and most efficient antidote to chloroform poisoning. One to three drops are advised to be dropped from a drop tube on the back of the tongue. Caution should be exercised in the employment of this treatment.

In the treatment of epilepsy it is said that the efficiency of the bromides may be greatly increased by diminishing the amount of chloride of sodium taken in the patient's food. The usual diet may be taken, provided it is unsalted.

Truly, doctor, you must not try to do business without the REVIEW. Such an attempt would be decidedly bad form. It is now the proper caper to subscribe for the REVIEW and pay for it in advance. All up-to-date doctors are doing it.

Apis Mellifica is a remedy of the greatest value in irritation of the kidneys and bladder. In the treatment of children when there is suppression of urine, or irritable urination, it can be used with confidence. \mathcal{R} Specific Apis, gtt. x to xxx, water, $\mathfrak{z}\text{iv}$; teaspoonful every half hour to every two hours.

In many cases the ultimate recovery of our patient will depend upon the attention we give the heart.

Dr. Champlin says that when in doubt as to whether you have a case of gonorrhœa in the female, remember that the pus of specific vaginitis is alkaline. Litmus paper will decide the diagnosis.—Summary.

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Milwaukee, on June 17th to 19th. G. W. Johnson, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 9th and 10th, 1903. W. S. Dart, M. D., president; S. A. Hardy, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th Street. A. W. Herzog, M. D., president; H. J. Doll, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; April meeting at the office of Dr. C. M. Ballard, 587 Leonard Street, Brooklyn. D. N. Brown, M. D., president; M. B. Pearlstein, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th Street. W. J. Krausi, M. D., secretary.

ECLECTIC MEDICAL SOCIETY, STATE OF NEW YORK.

The forty-second annual meeting of the Eclectic Medical Society of the State of New York was held in Albany April 2nd and 3rd. The sessions were held at the City Hall in the Supreme Court room and was attended by over a hundred practitioners. The opening session was devoted to the consideration of routine business, examination of credentials by board of censors, reports of committees, officers, etc. The report of Secretary Tiel of our State examining board was particularly gratifying to all present as it clearly showed the efficient training of the students at the Eclectic College of the City of New York.

The report of the Dean of the college

was also received with keen interest and the plan he suggested for the erection of a new college building excited much comment.

The afternoon and evening of the first day was devoted to the reading and discussion of papers. The following papers were read and discussed at the afternoon session:

"Cholelithiasis," by W. L. Heeve, M. D.

"Pinus Canadensis," by Earl H. King, M. D.

"Medical Museums," by Lee H. Smith, M. D.

"Skiagraphy and the Open Treatment of Fractures," by George W. Boskowitz, M. D.

"Hypnotism the Handmaid of Medicine," by John T. Sibley, M. D.

"Treatment by Inhalation," by A. W. Herzog, M. D.

"Diabetis Mellitus, and a New Test for Sugar," by Max Meyer, M. D.

A portable Shield's Volt Graduator so constructed that it would control either street current or that from dry or wet cells and gives every current known in medicine except cautery and static, by W. H. Wyatt-Hannatlo, M. D.

Time did not permit the reading of further papers, so many were submitted by title and will appear in the *Transactions*.

In the evening we listened to the annual address of the president, and also to a very pleasant talk by Professor John Uri Lloyd of Cincinnati. Professor Lloyd spoke of the great field of the Eclectic School, how much they had done in plant study and development, and urged our continuance of work in these lines.

The president's address was most enthusiastically received.

On re-convening in the morning such business and reports as were unfinished the day before were disposed of.

Dr. Boskowitz then proposed the name of Professor John Uri Lloyd for honorary membership and asked unanimous

consent to act upon it at once, and the professor was unanimously elected an honorary member of the Society. Following the lines of suggestion of Professor Lloyd's speech the previous evening, the president appointed a committee on plant study, etc., consisting of Drs. L. H. Smith, F. P. Sinclair and A. R. Tiel.

W. R. Spooner, L.L. D., president of the New York Eclectic College entered the room at this time and was greeted with applause. In response to the call he made a neat speech congratulating the Society on the results accomplished at this meeting.

The Society then passed resolutions of thanks to the Mayor of Albany, the press, exhibitors, retiring officers, etc.

Then followed the election and installation of officers.

The officers installed were: President, W. S. Dart, M. D., Harpersfield; first vice-president, G. A. Rowe, M. D., Buffalo; second vice-president, H. Stoesser, M. D., Union Course; third vice-president, F. L. Sinclair, M. D., Oswego; treasurer, Earl H. King, M. D., Saratoga; secretary, S. A. Hardy, M. D., New York city; corresponding secretary, G. W. Boskowitz, M. D., New York city.

For State board of medical examiners to represent the Eclectic practice: J. P. Nolan, M. D., and W. J. Krausi, M. D., of New York city; A. R. Tiel, M. D., Matteawan; I. J. Whitney, M. D., Unadilla.

Board of censors: G. W. Thompson, M. D., New York city; W. I. Louis, M. D., Brooklyn Hills; A. R. Tiel, M. D., Matteawan; F. D. Sinclair, M. D., Oswego; Robert Liston, M. D., Albany; M. Grant-McGinnis, M. D., New York city; F. D. Gridley, M. D., Binghamton; T. W. Pomroy, M. D., New York city; Lee H. Smith, M. D., Buffalo; O. A. Hyde, M. D., New York city.

After which the Society adjourned to meet at Albany the second Wednesday

and Thursday of April, 1903. Thus ending one of the best meetings in our history.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Boston District Eclectic Medical Society was held at "The Thorndike," on Tuesday evening, March 18th, the dinner being served in the cafe. After the routine business, the Secretary was called upon to introduce the subject of the evening—Percussion—and he spoke as follows:

Percussion is the act of striking bodies to elicit sounds, that we may thereby judge of their composition. We all know that a compact body will yield different sounds from one that is hollow. This fact has been recognized for ages, but it was only during the last century that it has been applied to the diagnosis of disease.

Percussion may be spoken of as two kinds—direct and mediate. Direct percussion is where we strike directly against the surface to be examined. Mediate, or indirect, percussion is the result produced by placing a foreign substance between the body examined and that which produces the blow. The latter form of percussion is the most valuable for our use in diagnosis, and the fingers are, by far, the best adapted to our use.

Percussion is most generally made use of in examinations of the chest, though at times the abdominal cavity may be explored by its means with advantage.

In using the fingers care must be taken that they are applied with their palmar surfaces close to the body and that the blow from the percussing finger should always be of the same force and given in a perpendicular direction, and not in any ways slanting. All movement must come from the wrist.

As the object of this paper is not to cover the subject exhaustively, but rather

to provoke discussion, I shall only briefly mention what we expect to find by this means of diagnosis.

Regarding the sounds that are produced—they may be divided into dull, clear and tympanitic, with its modifications.

Dull sounds denote absence of air. They may be produced either by fluids or solids. Such a sound will be the result of percussing the airless viscera, that is, the liver, spleen and heart in health, or the lungs when subject to conditions which induce their partial or complete solidity.

A clear sound is produced by vibrations from a substance which contains air. This is exemplified by the examination of the lungs in health.

A tympanitic sound is a non-viscicular sound having the character of that of the intestine. When heard it indicates the presence of air in conditions similar to that contained in the intestine; that is to say air enclosed in walls which are not tense or thick but thin and yielding.

Tympanitic sounds have been subdivided into metallic and cracked metal sounds. The first of these is a concentrated tympanitic sound of raised pitch, and denotes a large cavity contained within firm elastic walls, while the second is more frequently produced by the cavity communicating with a bronchial tube of some size.

All of these sounds should also be considered in regard to their degree—"more or less," "increased or diminished"—and also to the change in pitch. Increased volume is joined to lowered pitch, while diminished volume is indicated by higher pitch.

In order to make percussion available for the diagnosis of disease, we should make ourselves thoroughly conversant with the percussion sounds of health in all cavities of the body that are likely to be brought under our observation in

wrong conditions. Thus we should lose no opportunities of testing the healthy body and learning its language.

The percussion of the healthy body will reveal to us the normal condition of the lungs, the position and size of the heart, the stomach, the liver, the spleen, the kidneys and the intestines.

Having thoroughly understood these we are in a position to decide upon the departure from health of any of these various portions of the human anatomy; also to designate the kind and condition of such departure.

I have thus roughly indicated what percussion is, and what we are enabled to do by its practice.

I have purposely refrained from mentioning its diagnostic power in diseased conditions that you may have the privilege of relating your experience, and so tell us how percussion has helped you in diagnosing the departure from health.

A general discussion followed in which the use of percussion in diseased conditions was fully established. After this was finished, Dr. John Perrins related a case of gall stones upon which Dr. Maurice Richardson had operated to-day. A lady about 60 years of age. Had known her for over 30 years, but she had not been his patient for some time. About two weeks ago he was called in consultation. He found her suffering intense pain, much emaciated, and very yellow. She had been having these attacks for years. Had been seen by many physicians. Some said gall stones, others not. Search had been made for gall stones in the feces, but none had been found. Notwithstanding all these facts I diagnosed the case as one of gall stones. Some days after she had another severe attack of pain and her physician advised an operation, in which I concurred, as the only hope of relief. She was seen by Dr. Richardson, who said that there was no question about the gall bladder being enlarged. She was taken

to the St. Vincent Hospital and at 10 a. m. this morning the operation was performed. There was an immense distention of the gall bladder; the pressure of which had caused considerable atrophy of the liver. He made an incision into the gall bladder and commenced to take out the stones. After emptying this he passed his finger into the duct and found that that was also filled, reaching down into the common duct. Removing all that was possible, he then proceeded to wash out the gall bladder and duct and thereby removed a considerable amount of detritus and a considerable quantity of small stones. He removed 39 large stones and over 200 small ones. The patient was resting comfortably when I left her.

Dr. Miles related the following interesting case of "la grippe" with complication. Called to see one of my old patrons. Found her suffering with a severe attack of "la grippe," which abated in a few days so that she was quite comfortable. On calling one day I found her suffering with pain in the ear. There was no tenderness of the mastoid. I saw her again about 1 p. m. The pain in the ear had ceased, but there was some frontal headache, which had increased. Telephoned for a surgeon to see her with me. The consultation was held at 4.30 p. m. We examined her critically. There was no ear ache, and no pain over the mastoid region. The temperature had risen between my visits from $99\frac{1}{2}^{\circ}$ to 104° . By the advice of the consulting surgeon—Dr. Bolles—an ear specialist, Dr. Jack, was summoned. He saw her with me at 7 p. m. The temperature had risen to 106° and she was delirious. We gave some ether, punctured the tympanum, let out a few drops of pus, and scraped away some necrosed bone. She died the next morning. The exciting cause of death was the "la grippe." Dr. Jack's theory was that at the attic of the ear a bit of septic material passed into the antrum

and then entered the brain and produced a meningitis.

To illustrate the importance of giving early attention to ear symptoms the doctor also reported the following case. A young lady about 20 called at my office. Said her ear had been troubling her for two days. I found some tenderness in the mastoid region and sent her in town immediately to see Dr. Jack, who punctured the tympanum and took away a little pus. The next day but one she went again and there was not much change. Asked her to come in the next day, when he told her he thought there was mastoid disease and advised an operation. She was taken to a private hospital and the operation performed. There was no pus, but the antrum was filled with granulations and the bone was softened. The granulations and diseased bone were scraped out and thus a serious trouble averted.

ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUN- TY OF NEW YORK.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held in its assembly rooms, No. 239 East Fourteenth street, on Thursday evening, March 20, Dr. Alfred W. Herzog, president, in the chair, and Dr. Henry J. Doll, secretary, recorded.

Dr. Boskowitz reported a case of enlargement of the mammary glands, the hypertrophy being of extraordinary dimensions.

Dr. Stickle recounted several cases of the same kind, which he had seen in the female natives of China.

On motion the adjusting committee was granted an extension of time to settle the matters and business under its supervision.

On motion adopted the secretary was

instructed to notify all members in arrears for two years that unless their dues were paid by Thursday, March 27, 1902, their names would be dropped from the roll of the society.

The secretary of the State Society, Dr. Samuel A. Hardy, reported that the outlook for a large attendance at the coming State meeting was very propitious.

Dr. Brandenburg, of the committee on exhibits, reported that a number of firms had signified their intention of showing their manufactures and wares at the State meeting in Albany.

Dr. Boskowitz warmly advised the members of the County Society to make it their business to attend the State Society meeting in Albany on April 2nd and 3rd.

Dr. Pomroy made a touching speech in which he said that he was very happy to be present at the meeting and that he was glad he is a member of the Society. He complimented the Society on its prosperity and expressed the hope that it would continue to increase and prosper in the future.

On motion the secretary was instructed to notify the secretary of the Kings County Eclectic Medical Society that he advise members and delegates of his Society to be present at session two of the March meeting of the New York Society.

The report of the adjusting committee was received and the committee discharged with thanks.

The following motion was unanimously adopted: "That those members, who are nine dollars in arrears, be suspended, and that the secretary be authorized to place the names of such members on the active list as soon as they pay sufficient money to place them less than two years in arrears."

Dr. John P. Nolan was unanimously elected to membership in the Society according to the regular form.

The president and secretary were authorized to make out report of delegates

and alternates to State meeting and appoint same.

About forty members were present.

HENRY J. DOLL,
Secretary.

WISCONSIN ECLECTIC MEDICAL SOCIETY.

The twenty-fifth annual meeting of the Wisconsin State Eclectic Medical Society will be held at Milwaukee, in June, 1902. The National Eclectic Medical Association meets with us at the same time and place. They are our guests in 1902. Be sure that you do your part. It is our silver anniversary too.

Jefferson, Wis., March 25, 1902.

DEAR DOCTOR:—

In about three months the members of the National Eclectic Medical Association from all parts of the United States will assemble in Milwaukee expecting the welcome that we are anxious to extend to them. Your assistance is absolutely necessary to enable us to acquit ourselves creditably.

Every member of our State Society *without a single exception* should participate in the pleasure of welcoming and entertaining our professional brethren and sisters and enjoy the exceptionally great advantage to be derived from listening to the valuable papers that will be presented at this meeting which from present indications and *with your aid*, it is expected will be the most largely attended and interesting, that our association has ever held.

It will be a most excellent time for those who are not members of our State Society to attend and join it and personally see to becoming a member of the "National." You cannot expect to have such another opportunity in many years. Therefore, we urge you most earnestly not to neglect it. We are in duty bound to show in this

and other ways our appreciation of the great things that have been accomplished for us through our State and National Societies and to try to convince those who come to visit us from the most distant parts of the Union, that we are not unmindful of their efforts in our behalf, nor of the honor that they have conferred upon us by becoming our guests. We *must* have your co-operation and help. Do not disappoint us and deprive yourself of these pleasures by staying at home.

Nearly all of the great teachers and authors of our School will be present. Come and revive your acquaintance or get acquainted with them and convince them of your loyalty and enthusiasm. It will be necessary to come to our State Society meeting promptly and early, as we have only *one* day in which to transact our business. The State Society meets at the Pfister Hotel Club Room at 10 A. M., June 16, 1902. The National convenes at the same place, at 10 A. M., June 17, 1902.

It is especially desirable that our ladies attend this year, to assist us in entertaining our guests, particularly the ladies of the "National," who have recently organized a "Ladies Auxiliary of the National." It is hoped that the ladies of our "State Auxiliary" will be very active in this respect.

The committee of arrangements and reception have arranged for an informal reception and musicale for Tuesday evening, June 17, in the parlors of the Pfister Hotel, including the serving of refreshments, and for an excursion on Wednesday afternoon, with supper at Whitefish Bay,—if the weather permits. Other entertainment for the ladies is receiving considerable attention also.

And finally, be sure to come and have a good time with our guests and convince them that Wisconsin is almost the only place. Headquarters are at the Pfister Hotel at reduced rates. Special rates can be secured at the Plankinton, St. Charles,

Republican, Kirby and other hotels of the city.

Faithfully and fraternally, yours,
J. V. STEVENS,
Secretary.

TENNESSEE STATE ECLECTIC MEDICAL SOCIETY.

The twenty-third annual meeting of the Tennessee State Eclectic Medical Society will be held in Assembly Hall, Tulane Hotel, Nashville, Tenn., May 29th and 30th, 1902. An interesting program has been arranged.

Officers.—President, W. N. Holmes, M. D., Nashville; first vice-president, J. G. McClellan, M. D., Bristol; second vice-president, E. H. Byrd, M. D., Sherman Heights; corresponding secretary, J. H. Previtt, M. D., Only; recording secretary, J. P. Harvill, M. D., Nashville; treasurer, George M. Hite, M. D., Nashville.

Reception Committee.—M. M. Harvill, M. D., T. E. Halbert, M. D., and J. O. Cummings, M. D.

Entertainment Committee.—Miss Myrtle Holmes, Miss Mayme Clopton, Miss Stella Harvill and Miss Helen Gray.

creased. The boy is very nervous, easily excited, and has been having the seizures at least once a week for the past month. His digestion is fairly good, and the heart and lungs do not seem to be at fault. His mother states that he has been a delicate child since his birth—he is now about 9 years old—had slight convulsions at the time of teething, but nothing serious. She has not been able to see that his diet makes any difference in regard to the frequency of the seizures. The only exciting cause that she could trace was whenever he was worried about his lessons. At such times he was more apt to have the attacks. She had never known him to have one at night. This is the case in brief. What treatment would you suggest?

I would take him out of school. Keep him out of doors as much as possible. Have him bathed with sea water if it could be obtained, if not a solution of mineral salt. See that his digestion is strengthened by appropriate food and medicine and give one-half teaspoonful doses of Passiflora three or four times a day. Should you follow this line of treatment I would be glad to know the results.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

H. E. P. The following case was seen by me lately. A young boy who has been subject to epileptic fits for about a year. Has been treated by several physicians who have made use of the bromide in some form, but have failed to arrest the disease. Instead it was gradually in-

A. C. E. What would you recommend for sore nipples of a nursing woman?

If you have not made use of the following, try it. Pulv. Hydrastis root triturated—10 per cent.—with sugar of milk. Put 10 grains in one-half ounce of tepid water. Wash the nipples gently but thoroughly with this solution each time after the child nurses. If baby has a sore mouth leave the lotion on the nipple, if not wash off before offering the breast.

In failure of the voice from mucous laryngitis or from fatigue, Bartholow recommends small doses of dilute nitric acid given largely diluted every two hours.—Summary.

BLUE URINE.

Blue or green urine is often due to the eating of candies that have been colored with methylene-blue. In the absence of other explanation, inquiry may be advantageously directed to this subject.—Bulletin.

Do not use peroxide of hydrogen in a wound in which there have been placed any catgut ligatures, unless it is intended to wash the latter out, for the reason that peroxide rapidly destroys catgut.—Internat. Jour. Surgery.

Throw the patient into a violent perspiration by raising the bed clothes over hoops, and placing beneath them several deep vessels filled with quick-lime slightly moistened and protected from contact with the body's surface.—London Globe.

Freckles are said to be readily removed by a lotion of equal parts lactic acid and glycerin.—Summary.

For removing ink stains use a solution of chlorinated soda. Wet the stain with the solution and wash thoroughly after a few moments.—Summary.

ITEMS.

The commencement exercises of the Eclectic Medical Institute of Cincinnati were held at the Scottish Rite Cathedral on April 15. Thirty-six received degrees.

PRIZE ESSAY.

Those who intend to compete for the prize, to be awarded by the N. E. M. A. at its next meeting, must have their papers in hands of the Prize Committee by May 20.

J. R. BORLAND, M. D.,
Chairman,
Franklin, Pa.

We have been obliged to omit several short articles and reports in this number to give space to our State Society proceedings.

Eloise I. Church, M. D., died March 24, 1902.

Iowa House passed Senate bill recognizing the osteopathic school of physicians.

Commencement exercises of the Lincoln Medical College were held at Oliver Theater, Lincoln, Neb., Wednesday evening, April 2. Twenty-one students were graduated.

Lincoln City Hospital announces special training course for nurses during June, July and August, 1902.

The commencement exercises of the Eclectic Medical College of the City of New York will be held at Carnegie Lyceum on the evening of May 15.

If you have not sent in your subscription for the REVIEW, fill out the blank to be found in the back of this number. Do it to-day, don't put it off until to-morrow, you may forget it.

Don't forget the paper that you have promised to read at the National.

Dr. L. E. Horton of Avoca was unavoidably detained from our State meeting. He for many years has occupied the position of treasurer.

Drs. I. J. Whitney and M. H. Nichols looked natural at the State meeting—happy, smiling, and willing to sit up all night and not call it work.

THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. V.

NEW YORK, MAY 15, 1902.

NO. 5

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THE NATIONAL.

In one month the National Association, which represents our school, will meet in annual session at Milwaukee.

President Johnson and the officers generally have devoted a great deal of time to insure a successful meeting.

Have you done anything to help them?

Every Eclectic is benefited by the work of the National Association, and in return should try to do his share in sustaining it, for in the movement for National Medical legislation, and it will come sooner or later. We must look to this association to see that we are properly represented. So do your duty to yourself and to your school by making this, the representative organization of the school, more powerful.

Attend the meetings. Bring the propositions of others in your neighborhood.

With 12,000 registered Eclectics in the United States we should have a much larger membership.

We of the East expect quite a delegation to attend the meeting at Milwaukee. We shall leave New York by the New York Central R. R., join the party at Chicago, leaving at 7 o'clock on the Chicago, Milwaukee and St. Paul Railroad for Milwaukee.

NEUTRALIZING CORDIAL.

It seems almost folly to refer to Neutralizing Cordial in an Eclectic monthly, for no remedy or combination of remedies has been used more, or with greater universal success than the above mentioned mixture. Yet, in the scramble for "something new" old friends are sometimes forgotten.

It is to the younger members of our school I want to speak of this old Eclectic compound—used by Beach, King, Newton and the "Fathers of Eclecticism" generally. It is a life saver. Many a child has been snatched from the "jaws of

death" by it. In diarrhoea, cholera morbus, summer complaint, acute indigestion, in fact, in all debilitated conditions of the intestinal tract, it is indicated in from ten drops to a tablespoonful. It is pleasant, and the children like it. Hydrastis, rhubarb and potassium bi-carbonate forms the foundation of the mixture, and to these drugs it owes its great virtue. Cinnamon, viburnum, and oil of peppermint are occasionally added to the above. I have for a number of years used the elixir made by Merrell & Co. of Cincinnati. (without the pancreatin) and have always found it reliable.

At this season of the year carry it in your medicine case and prescribe it for the above mentioned difficulties—it will not disappoint you or the patient.

THE COLLEGE.

The friends of the Eclectic Medical College of the City of New York, and of the American School of Practice will be pleased to learn that the fund started at the Alumni meeting one year ago for the purpose of obtaining for the College a more suitable building has been completed. In fact, more has been subscribed than originally called for. The dean will read the list of subscribers at the Alumni meeting, May 15, then present it to the board of trustees to be placed in trust by them until the site has been secured and plans for building completed. With a more modern and commodious building the school will be enabled to extend its usefulness in teaching the humane practice of this the American School of Medicine.

Dr. Orin Davis, one of the pioneers, and a teacher in the first Eclectic College in this State, has promised to give us some reminiscences of the early days of Eclecticism in New York which we hope to publish in September REVIEW.

DIABETES MELLITUS AND A NEW TEST FOR SUGAR.

By MAX MEYER, M. D.

Read at the meeting of Eclectic Medical Society of the State of New York, April, 1902.

Some time ago I pointed out that diabetes mellitus is essentially due to premature senility of the cells of the body and that we find a striking similarity in the symptoms of this disease and of old age.

We should not forget that the former is pathological and the latter physiological, hence the phenomena cannot be exactly in accordance although it is undeniable that both present a certain similarity.

We have been taught that the cause of diabetes mellitus is obscure but I will show to you that it is not impossible to throw some light upon the matter.

The food ingested consists of albuminates, carbohydrates and fats, which—after being mixed with the digestive ferments in the alimentary tract—enter the blood circulation.

It has been demonstrated that the so prepared food molecules do not undergo a real chemical decomposition—neither in the intestines nor in the blood—but exclusively within the cells of assimilation. The prepared food molecule, being brought into contact with the cell, splits up into food atoms by virtue of the biological and chemical forces of the cell which selects by means of its free affinities those groups which have a diametral polarity to the inherent property of the cell, thus forming compounds which are the true and important substances for the maintenance of life. The unabsorbed atoms possessing the highest degree of activity unite now with already used material coming from the cell to form the known and unknown products of regressive metamorphosis and which are then excreted.

This process takes place in a normal cell only, but if it is not free from poisonous

material we will find another state of affairs.

Kreidmann of Altona has proven that the poisonous material which adheres to the cells, weakens them, producing pathological conditions.

These disturbing poisons, which generally are noxious gases, cause the development of different diseases and in diabetes mellitus we find the source to be scrophulosis. It would be beyond the scope of this paper to demonstrate that scrophulosis—a term applied collectively to a complex of ailments—is an offspring of hereditary syphilis, which, together with other hereditary dispositions of the parents, is derived from the toxic amniotic fluid, having become poisonous by a chronic fluor albus, the latter being indeed the main source of all our chronic diseases.

Let us presume for the present that the cell is in an abnormal state, its chemical and biological forces are so impaired that complete union between the food atoms and the free cell affinities cannot take place, hence the albuminates, carbohydrates and fats are not modified and absorbed but by their secondary mutual affinities unite into diffusible and soluble products which are excreted as sugar, acetone and the like compounds.

The logic of this is, that in the symptomatology of diabetes mellitus the excretion of sugar plays a secondary part only.

If we admit that in this disease the premature senility of the cells as the true cause, then we understand the symptoms and sequelae better and also the therapy will be clear. Notwithstanding the ingestion of food, the body atrophies, the skin becomes dry, the muscles flabby, emaciation, gangrene, cataract, chronic abscess, imperfect healing of wounds, disappearance of the sexual functions, bluntness of the mind, loss of teeth, angina pectoris, chronic catarrh of the lungs, necrosis of internal organs, etc., follow. Here, as

well as in true senility, we see that the cells have lost certain properties. The old cell is entirely saturated, all affinities are satisfied, hence the vital power is extinguished.

The spark of life which still remains within the cell tends to increase the desire to live and the cell feels that this is possible only by ingestion of plenty of nourishment in order to select from a multitude of food molecules one single atom group. With the food plenty of water for dilution must be taken into the system, hence polyuria results. But two other factors come into play, namely, the heart and the reduced insensible perspiration. The heart has to do far greater work than under normal conditions because it has to force the increased number of food molecules into the system and for this reason the heart beat is not alone increased in number but also in force and the consequence is that the reinforced heart action produces naturally an increased diuresis. Insensible perspiration is diminished to a minimum and must also be replaced by diuresis.

If we accept that the formation of sugar is within the cells, it becomes evident that the danger of the disease does not lie in the sugar formation, which is a passive symptom only, but in the premature senility caused by infection derived from a scrophulous tendency whose disposition is inherited and not the disease itself.

The sooner we recognize the lost activity of the cells the better for the rational treatment, but with our present sugar tests we cannot accomplish very much, because they are either not delicate enough or they take up too much time for the busy practitioner. I take pleasure in demonstrating to you presently a quick, reliable and simple test for the detection of sugar even of very small quantity and this is of the utmost importance in order to recognize a tendency of premature senility of the cells and you will be sur-

prised at the frequent occurrence of diabetes mellitus. You will notice that this test neither needs the paraphernalia of the laboratory nor the skillful manipulation of an expert, but you can make use of its *modus operandi* at the bedside, giving you in a moment a trustworthy and correct answer.

The test which I lay before you is based upon the color disappearance of an alkaline copper solution by sugar. Whitney, Haines, Pavy, etc., have invented tests based upon the same principle, but they cannot compare with this one, because they are not delicate enough.

The copper solution consists of copper sulphate 1.8, glycerine 12.0, water 10.0, to which is added liquor potassa 120.0.

This solution is called No. 1 solution. No. 2 consists of a saturated solution of tartaric acid.

The qualitative test is made by boiling 5i of No. 1 with 3 drops of No. 2 and adding drop by drop the urine, which if containing sugar will immediately precipitate red suboxide of copper.

But the quantitative test is the most important one for us and executed in the following manner:

An ordinary test tube with three marks, the first one shows one dram capacity of the tube. Up to this point we fill the tube with solution No. 1, then we add to it three drops of solution No. 2. The second mark is also one dram capacity more and is filled to this point with ammonia water. The third line is the ounce mark capacity and is filled with pure water. The fluids are mixed and boiled, and have a light blue color. By means of a pipette the urine is added drop by drop. After each addition the liquid is boiled and carefully watched to note changes. Finally the liquid in the test tube is perfectly colorless and this shows that the test is finished. Four hundred and eighty is divided by the number of drops of urine used and the result is again

divided by ten, which gives the grains of sugar in one ounce of urine. Suppose twelve drops were used then we would have $480 \div 12 = 40 \div 10 = 4$ gr. P. $\bar{5}$; and if we wish to know the percentage we multiply the grains with 2.1 as for example: $4 \text{ grains} \times 2.1 = 8.4$ per cent.

New York City.

"THE PHYSICIAN AND HIS SUCCESS."

BY M. B. PEARLSTEIN, M. D.

Read at the March meeting of the New York Specific Medication Club.

I will not detain you by any lengthy paper, but will briefly place the subject before you for your determined consideration.

In this paper, I do not pretend to tell you anything you do not know, but I intend to call your attention to the mode of practice you are no doubt familiar with.

Has it anything to do with Specific Medication? Yes! It has everything to do with it.

I have learned that the successful practitioner is the one who has in his make up the necessary elements constituting honesty and sympathy for his patients, as well as patience and love for his chosen profession.

But, above all, he must be qualified for every emergency in disease—and with levelled mind select or choose that which will help or cure, and discard that or rather those remedies which will physiologically disturb the functions of an organ or organs.

Does this not sound like Eclecticism? Indeed it does.

It is our duty as physicians to persist honorably in worthy purposes, so that our patients may respect the healing profession.

Let us therefore insist, as in the past history of our school, on free thoughts, cultivated ideas and noble actions.

While books and authorities should be well taken into consideration, the disease at the bedside must be studied with inquisitive interest.

An eminent philosopher once said: That of two or more opposing doctrines, there is always a grain of truth hidden in each.

I fully believe in this statement and from this standpoint would judge that there are more grains of truth in our mode of practice than in any other, for we employ all remedial agents from all schools.

If we were to sift the success of the doctor of to-day, we would find that it lies in the practice of specific medication or in the treatment of diagnostic symptoms. It is the most rational method. Its field must be cultivated by close observation and minute investigation.

It is absolutely necessary to become familiar with anatomical, structural and functional changes, so as not to kill the patient in order to save his life.

Some of the best authorities of the old school speak of and believe in specific medication.

To be a specific medicationist you must not use gun-shot prescriptions. You must estimate carefully the value of each drug you use in morbid conditions producing expression or expressions of disease. It is not my intention to speak of the minute pathology in disease, but I will briefly call your attention to several laws I believe to be true.

1. You will agree with me when I tell you that capillary circulation is the basis of all bodily activities, and that blood stasis or congestion is the beginning of all pathological changes, so far as physical manifestation is concerned.

2. Stasis or congestion with probably few exceptions is caused by irritation of nerve terminals and the seat of such irritation is almost invariably within a tubular structure.

3. Irritation of nerves thus described

will produce certain diseased expressions from which we may form our diagnosis.

4. Irritation of certain nerves, especially those pertaining to the sympathetic nervous system, may carry a train of reflex miseries.

The above laws may not include traumatism, hereditary and a few other manifestations.

Now, a word regarding indications. Remember that disease must be combated with remedies that will act in harmony with nature's specific laws, and that our first duty is to take away the seat of nervous irritation.

Diagnose accurately and observe minutely the different appearances and expressions of disease, then come in with such remedial agents as will specifically influence the nerve excitements causing disease. Do not be too hasty in diagnosing your case, for you may change your mind several times in twenty-four hours. Be more than sure that your diagnosis is correct before you give any opinion.

Inasmuch as you may not be able to disagnose your case immediately, your success in the treatment will not be lacking, provided you treat your cases according to the laws of specific medication. As I understand, specific medication treats of administration of a drug or drugs for remedial effects, regardless the name of disease.

In my closing remarks, doctors, I wish to urge you to study the specific properties of drugs as well as specific symptoms. Use the most reliable drugs, for the best is the cheapest, and there is no better than Lloyd's specifics. When you prescribe, use as few drugs as possible and use no vehicles or aromatics unless it is absolutely necessary.

Brooklyn, N. Y.

The Rev. Dr. A. L. Banks will be the orator at Commencement, Carnegie Lyceum, May 15th.

STEREOSCOPIC VISION. *

BY A. W. HERZOG, M. D.

Read at the Meeting of the Eclectic Medical Society of the City and County of New York.

LADIES AND GENTLEMEN:—

In reading to you a paper on "Stereoscopic Vision" I am fully aware I am likely to be accused of regaling you with chestnuts. Yet this fact notwithstanding, chestnuts well roasted and not wormy are well liked by many and this, I think, is largely aided by the fact that the season for chestnuts is only short, and in the long intervening time between seasons we are likely to forget their flavor and when chestnut time comes again we, or at least some of us, like to eat chestnuts again.

Undoubtedly most of all that I will say to you to-day will be chestnuts to you. It may be many years ago that you have studied physics and optics, it may be a long time since you have last given the matter of binocular vision a thought, since you have last looked at or into a stereoscope.

This is my sheet anchor; for I hope that the time that has intervened since then will perhaps make a short talk on binocular vision and the stereoscope acceptable to you and I hope at the end of my talk you will exonerate me from the charge of having served you with wormy chestnuts, even if chestnuts they were.

If somebody looks with both eyes at an object he may see that object either singly or double.

If he sees it double, then he is suffering from diplopia or double vision, and with this we have at present nothing to do.

But if looking at that single object with both eyes he sees it only once, this may be caused by one of two things:

Either, though he looks with both eyes he sees only with one, or looking at the single object with both eyes he sees the object with each eye, but combines the two images into one, so that he has binocular single vision.

This binocular single vision is normal or stereoscopic, plastic vision.

Although we look at an object with both eyes and perceive it only as one image, yet we do not see the same image with either eye, and the two images formed on the retina do not exactly overlap each other; but we see a different image with each eye, due to the fact that the two eyes do not look at the object from the same point; the pupillary distance of the two eyes being from about two to two and three-quarters of an inch.

That we see a different image with each eye can be easily demonstrated by a few simple tests, as for example, if we look at a printed page holding a lead pencil a few inches before our nose between the page and our eyes.

If we now try to read any line on the page we will find that which ever eye we may close, part of the line will be invisible; but if we keep both eyes open we will see the whole line.

Then directing our attention to the lead pencil and looking at the same in its relation to its position before the printed page; first fixing its position in our mind by looking at it with both eyes open and then viewing it first with the right and then with the left eye, we will notice that the pencil seems to change position whenever we look at it with a different eye.

Again, looking at the pencil, but this time dropping our printed page, we will notice that the pencil when viewed with both eyes shows plasticity; that is to say shows three dimensions: height, width and depth; but viewed with either the right or left eye alone it shows flat; that is to say that although it shows height and width it does not show any depth.

This lack of plasticity is perhaps not noticed at once by a great many people; but that is not due to the fact that they perhaps are able to see plastic with one eye, but to the fact that they through their knowledge that a certain object is

not an image, a drawing, a photograph with only two dimensions (height and width), but a solid body, with depth to it, endow the flat image they see with plasticity.

It is more than likely that an infant at first has not binocular single but binocular double vision and that little by little, by experience, single binocular vision is established.

It is partly through the two different images of an object that are formed on the two different retinæ of the two eyes the brain gets its ideas of the plasticity of the different objects.

And thereon is based the stereoscope.

When the first stereoscope was invented, before the invention of photography, simple geometric pictures were drawn, as seen in perspective by the right and left eye respectively, and these pictures by means of mirrors and a little later on by means of prisms, which were combined with strong convex lenses (or in fact a convex lens cut in half, placed so that the cut surfaces were turned to the outside) were made to overlap each other.

This formed in reality three pictures, one (the center one) of which was however made invisible in the stereoscope by a center partition.

Now stereographs are taken by means of a stereoscopic camera, in which a pair of matched lenses, separated from each other two and three-quarter inches, take two similar, but not identical pictures of the same object. The two eyes looking at the two different pictures through the stereoscope are deceived and the brain perceives these two pictures not flat, as they really are, but plastic.

While the stereoscope is regarded by the multitude as nothing but an interesting toy it really merits not only a front rank as an educational aid, but is also of great value in Ophthalmology in a two-fold capacity.

The first is as a diagnostic instrument

for the purpose of ascertaining whether binocular vision exists.

This will be of especial value in cases of malingersers, who may claim to have lost the sight of one eye through an accident.

They are generally too smart to be fooled by most of the tests that may be used for that purpose; but it is very rarely that they can overcome the intricate tests that the stereoscope imposes on them.

Specially designed pictures are prepared for this purpose; pictures which will not cause plastic vision, but which are two different pictures, supplementing each other into a whole.

All the surgeon needs to do is to ask the person to be examined to look into a stereoscope and guard against two things. The first that the patient does not see the stereoscopic picture before it is placed into the stereoscope, the other that he does not close either eye.

I will draw your attention for example to the stereoscopic card on which you will find on the left side the numbers 21, 48 and 51 under each other; while on the right side the numbers are 13, 82 and 16. Twenty-one and 13, for example, stand side by side; yet the two ones are made to overlap so that a person with binocular vision would read 213. If now you examine somebody who claims to be blind in the right eye and you ask him while he is looking through the stereoscope what he can read and he reads off 213, this is proof positive that he has binocular vision; for were he blind in the right eye he would only see 21 but not the 13.

It is the same with the picture on which you find on the left hand side a clock dial without hands, while on the right hand side you find the hands only.

Placing this before the suspect you ask him what time it is. Should he say: "Twenty minutes to one" it is proof that he can see with both eyes.

It is, of course, best to first lull him into security by examining him in other ways and then first to show him plain stereoscopic pictures in which both sides are alike.

The most important use for the stereoscope, however, is in case binocular vision is either lost or about to be lost in cases of strabismus (crossed eyes) and heterophoria (muscular insufficiency).

In these cases marvelous results may sometimes be achieved by the use of the stereoscope.

For these cases it is preferable to have stereoscopes in which the pupillary distance can be regulated; yet can this be dispensed with by cutting the stereoscopic pictures in two and pasting them on a piece of card board at the proper distance, but in most cases this will be unnecessary.

In cases in which there is no binocular vision at all, as for example in cases of strabismus, our first intent will be to excite the eyes to such activity, that we will cause double binocular vision (diplopia).

This will, of course, be rather annoying to our patient, as he will see everything double. Yet when we have achieved binocular vision, it will not take very long before we can train our patient by the industrious and intellectual use of the stereoscope to little by little fuse the images and so by and by get stereoscopic (plastic) vision.

In cases of heterophoria, binocular vision being already present, we will only have to lead our patient through the later steps.

Quite a variety of stereoscopic pictures for that purpose have been manufactured, yet the number is very small as compared to the number of images that we need so as to keep alive the interest of our patients, especially if they be children. Therefore, it is well to supplement our collection of stereoscopic exercise pictures with stereographs representing scenery, comic views, etc., so as to be able to in-

terest our patients for at least fifteen minutes at a time.

Yet in a great many cases these exercises must be carried on daily for several months, until perfect binocular vision is attained.

To show you how these pictures are used I will draw your attention to them and will ask you to examine them carefully. Examine them through the stereoscope first with one eye and then with the other and finally with both eyes together and see the difference. Also notice in the stereoscopic photographs which I will pass around the flatness that you will notice when you examine them with a single eye, and the great depth and plasticity when examining them with both eyes.

Demonstration followed.

MEETING OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

MY DEAR DOCTOR:—

For any system of medicine or course of scientific thought to be sustained, it is necessary that those who adhere to the principles involved to give their support to their maintenance. By giving this support, they individualize their acts and lend aid to what their judgment dictates to be right, just and in keeping with their conscientious belief.

The thirty-second annual meeting of the National Eclectic Medical Association is to be held at Milwaukee, Wis., June 17, 18, and 19. The committee on arrangements has prepared an unusually interesting program for the public meeting of this session, and it is but fitting that all who adhere to the principle taught by our system of medicine, should be present and show their appreciation of these efforts in their behalf, and to take part in the discussion of scientific subjects that will come up during the session. Not only

will we be benefitted by attending this meeting but by our presence we will prove our loyalty to the only American system of medicine.

Aside from meeting with physicians from different sections of this country, thereby enlarging upon your professional knowledge and profiting by the experiences of these men, you will be placed in a position to broaden the principles that your school of medicine teaches. By attending this meeting you will be enabled to get out of yourself, to meet and converse with minds that have been engaged in the same work to the same end.

As Eclectics we should be anxious to meet our professional brethren, to come in contact with the best thought of our school, thereby better fitting us to analyze disease expression, interpret pathological language, which constitutes the foundation upon which rests our system of medicine.

Again, by meeting in convention we are made to feel a deeper and closer interest in our individual welfare, an interest that once cemented into a common contact, will tend to elevate man to a higher and a more human plane of his duty to his fellowman.

No grander or nobler purpose could be that of man, than to govern his conduct to such end as will better enable his associates to more satisfactorily perform their life duties. This can be best accomplished by meeting together in convention. This association will tend to upbuild and enlarge upon this already established principle of Eclecticism.

Encouragement comes from every section of the country. Judging from the interest shown there is no sectional feeling in evidence. Men of the North, South, East and West promise their hearty support in making the meeting in June a success. This is as it should be. We are all working to maintain and upbuild the course we believe to be right, just and

liberal. Our system is not an empiric system. It is a system that is based upon scientific principles, and deserves the unqualified support of all who through application in the study of medicine believe Eclecticism to be scientific.

If the system of medicine you have subscribed to has enabled you to successfully practice your profession, it is a duty you owe to those who are to follow you to give your support to maintain it; if the medical principles you represent fail, in your judgment, to come up to that standard you feel it should, it is a duty you owe to yourself to improve upon them. This can only be accomplished by the interchange of ideas with your professional brethren who are studying along the line of scientific reasoning with you.

Doctor, we earnestly hope you will lend your personal aid and influence towards making the Milwaukee meeting a success in every particular. The section officers have done hard work, and it is but justice to them that you be present at the Milwaukee meeting, thereby proving your appreciation of their efforts.

Hoping to meet you in June, and assuring you a good time, I am,

Yours Fraternally,

San Antonio, Tex., April 15.

G. W. JOHNSON, President.

ACUTE INFLAMMATION AND CHRONIC CATARRH OF THE BLADDER.

By CHARLES LLOYD, M. D.

Read at the Meeting of the Eclectic Medical Society of the City and County of New York, February, 1902.

The diseases which are mentioned in the title of my paper range from very mild to severe cases; the causes that produce them are varied, many times difficult to trace and may be the sequel of gonorrhœa and metastasis. Cases of acute inflammation of the bladder are rare and dangerous. They are generally accom-

panied by urethritis, nephritis and sometimes caused by stone in the bladder.

The pains are continuous, burning, cutting or sticking and are felt in the region of the bladder and perineum; they frequently extend over the whole abdomen towards the kidneys, are sometimes felt in the rectum, sometimes in the penis when they may be accompanied by painful erections.

The pain is aggravated by contact, motion or concussion; every effort to urinate is very painful, and although the patient is tormented by a constant desire to urinate, there is tenesmus of the sphincter vesicæ and anus, and the urine is discharged only in drops.

The urine is thick, dark-red, turbid, frequently mixed with mucus, blood or pus; in some cases the discharge of urine is totally suppressed.

Gradually the bladder swells into a tight, pear shaped, extremely painful ball; the introduction of the catheter is either impossible or attended with horrible pain. The fever is generally a synocha, the pulse quick, usually tight, and full, or small and easily compressed, skin burning hot, increased temperature,—thirst violent,—tongue whitish,—afterwards red and dry.

Accompanying symptoms are great restlessness and anguish, prostration, cerebral and typhoid symptoms, singultus, fainting spells and convulsions.

Acute cystitis runs a course of from five to fourteen days.

Recovery takes place by means of critical secretions by the skin, critical urine, or discharge of blood from the pelvic organs.

Death ensues by paralysis.

Suppuration and gangrene occur very rarely, and is extremely dangerous.

Exciting causes are: Cold, diuretics, frequent use of heating drinks, acrid injections in gonorrhœa, mechanical injuries, contusion, pressure and retroversion of the womb.

The prognosis is always doubtful, par-

ticularly so when the inflammation is very acute and involves a large portion of the bladder.

The prognosis is more favorable when the inflammation is occasioned by a cold or by diuretics.

The following is a description of a typical case of chronic inflammation of the bladder: A man or woman, usually between the ages of forty and seventy, seldom younger, sends for you and you find the patient suffering with frequent and severe pains at every attempt at micturition, also with great tenesmus, and while you are investigating the case, the patient manifests an intense desire to urinate, and during the act of micturition, the patient being a woman, you might think at first that it was a case of uterine labor, on account of the similarity in the expression of distress and suffering, and sometimes the pain is so severe during micturition as to cause the patient to scream, cry and exclaim piteously, clutching the bedclothes or anything within her reach.

This goes on from bad to worse, day and night, until the patient secures relief through your treatment or until death terminates the sufferings.

The patient is usually found haggard and distressed in appearance, wearied yet anxious and with great loss of flesh.

Sometimes there will be asthenic fever, more often not.

The pulse generally is small, thin, quick and weak. The temperature usually subnormal.

You will most likely detect a strong ammoniacal and in many advanced cases a putrescent odor, which is sickening to endure.

In such cases you will find the odor due to pus, mucus and sometimes blood in the process of decomposition.

The examination of the urine, of course, will reveal the cause of this, but not of all you wish to know in the diagnosis of these

cases. Nor does the very often insufficient history aid you much in the discrimination, for while you may account for the enormous amount of mucus, you may want to know from what source the pus or blood, which may be present, is derived.

The pus may be from ulceration, either in the urethra, the neck or walls of the bladder, or it may be from the ureters or kidneys.

If from the kidneys, there will be in addition to the pain about the pubes, along the urethra, anus and about the sacrum, a dull dragging not severe, pain in the lumbar region and along the course of the ureters down to the bladder.

The pus is most commonly derived from the denuded tissues beneath the mucous membrane, either by ulceration or through extra inflammation induced by the irritation of the ammoniacal urine, which is constantly in contact with its surfaces.

When the urine in chronic Cystitis has become decidedly and constantly ammoniacal, another cause of irritation is added to those which already exist, the acrid fluid irritates the mucous membrane and induces fresh and increased inflammation.

We have here then two sources of mischief, each tending to aggravate and continue the other and in this way it happens that a case of chronic inflammation of the bladder, if left to itself, goes from bad to worse.

Ulceration of the mucous membrane is frequently the consequence of this state of things; when this occurs the local symptoms increase to a marked extent.

The Cystic Catarrh may coexist with tumors, calculi, stricture, prostatic disease, fissure, hæmorrhoids and uterine disease.

In all cases it will be necessary to make an accurate diagnosis of the conditions and complications existing, as in a great many instances the complications must

be removed before the cystitis can be cured.

This may tax your ability to the utmost, should your patient be aged or broken down in health, but do it you must, or let the case go to the bitter end.

This is imperative if the cystitis is complicated by stricture of the urethra.

Should you meet with calculus, you may not be as resolute in determining which way to proceed, but it will be essential that you get rid of the stone before you can cure the chronic inflammation.

In prostatic disease, accompanying this disorder you will find it necessary to give your attention to its management as well as to the cystitis itself.

In examining the bladder it may be well to call attention to the points of greatest sensibility; they will be found in the region of the trigone from the place of entrance of the ureters into the organ to the internal orifice of the urethra; around this cervicate portion of the bladder it is exceedingly sensitive to any strong pressure upon its mucous membrane.

It will be well to remind you that if you intend to make any examination with the sound, cystoscope or other instrument, you had better think over the many contingencies and possible conditions you may meet in making your examination, as it may be very probable, that in a severe case you will not have an opportunity to repeat the examination.

Should the patient not submit to general anæsthesia, the examination will be so painful to the patient, that he will most likely tell you that he would rather die than submit to a prolonged examination; in milder cases, however, an examination may be successfully carried on by means of the use of cocaine or other local anæsthetics.

In relation to calculi it has been known, that large stones have existed in the bladder for years without the patient being

aware of their presence; if, however, they are, by the expulsive efforts of the bladder, pressed against the cervix, they give rise to pain which may be often unbearable.

External pressure with one hand over the bladder, with the index finger of the other hand in the rectum, pressing forward, while the patient is standing, will produce this pain and thus enable you to discover this trouble.

From the preceding observations it will be evident that in the treatment of vesical catarrh we must direct our attention not only to the chronic inflammation of the bladder, but also to the original disease, which has been its exciting cause and to which its persistence is due.

When this disease coexists with or is produced by stricture of the urethra, it is often extremely difficult of treatment.

In some cases it suffices to dilate the stricture to obtain a cure of the catarrh; in others the pain and irritation along the urethra are often so great as to render the use of catheters and bougies impracticable.

Yet, unless the condition of the urethra is improved, little material benefit can be expected from internal remedies.

Under these circumstances free use must at first be made of sedatives.

Then, when the pain and irritation of the urethra have subsided, this canal must be dilated with bougies or other suitable instruments.

If this method, however, fails, recourse may be had to urethrotomy.

The cure of the stricture is indispensable for the cure of the cystitis.

Chronic inflammation of the bladder, connected with disease of the prostate or with lesions seated about the neck of the organ, is always more severe and difficult of cure than when dependent on stricture of the urethra. The difference between the exciting causes readily accounts for the difference in the affection which they

produce. The disease then is slow and insidious in its progress and is liable to vary much in intensity at different periods.

It should also be remembered that this disease may be caused by gonorrhœa, and in this case the history of the disease or the finding of the gonococci or its toxins will aid in the diagnosis.

In order that we may understand to what extent pus and mucus may accumulate in the bladder, we must observe the full amount of urine passed in the twenty-four hours, for frequently pus will precipitate in the bladder below the urethra and the supernatant urine passes with but small amount of pus several times; the mucus also adheres to the surface of the walls so strongly that it does not pass with each micturition.

In proceeding to examine the bladder for purpose of exploration, irrigation or to inject solutions it will be well to think of cocaine or its analogues in advance.

A small amount of a two to four per cent. solution of cocaine should be used with a half ounce P-Syringe attached to a soft rubber aseptic catheter and introduced just far enough to enter the bladder; the calibre to be sufficient only to moderately dilate the urethra. The injection, in highly inflamed cases should take from two to four minutes, the urethra being anæsthetized by degrees until the bladder is reached.

This accomplished, you have the best advantage for exploration and local treatment. General anæsthesia is not as desirable or safe, nor will it be often consented to by patients and friends.

Then is the best time to dilate, whether there be a stricture or not, as it will afford much subsequent relief and will at times permit you to irrigate or inject medicines with much better effect.

The dilatation of the sphincter will also allow some freedom for the exit of the thick mucus, and it is far better if the bladder be drained of the urine, mucus and

pus, than if it be allowed to remain and decompose, again irritating and inflaming the organ.

This dilatation may be needed several times during the treatment and should be persevered in, even though objection be made to it.

Should there be a fissure at the meatus or along the urethra in the female, which is often the case, the dilatation of the same by means of a urethral forceps, like Simm's bivalve, stretching to the calibre of a No. 20 American will accomplish important results.

When the forceps have been introduced to the full length and screwed to the extent of the above measure, the same should be withdrawn without unscrewing; this may seem heroic, but the results will be worth the execution. Where there is no fissure or stricture or where the patient will not permit dilatation, you will be forced to rely entirely on medicines, diet and hygiene.

Unless there is some complication restricting it, a purely animal diet will be best; this increases the acidity of the blood and urine and aids in counteracting the ammoniacal urine in the bladder.

The use of mineral acids, in dilution is also of much benefit.

Do not give vegetable acids, thinking, as the popular notion goes, that they will do just as well, simply because they are acids.

Vegetable acids are more quickly decomposed and transformed to carbonic acid in the system.

It is best to give mineral acids just before or after food.

Plenty of good water, either previously boiled and then cooled, distilled or filtered should be allowed. If you are not sure of getting perfectly healthy milk prescribe none at all. Lithia water also is good.

Alcoholics, spices and aromatics are to be prohibited.

Diuretics also should not be given in

Cystitis, but the secretion of urine should rather be restrained.

While in a brief paper like this it is impossible to convey to the reader the details and discriminating judgment to be exercised in the treatment of different cases, I will mention some of the means at our disposal.

Everything about the patient must be thoroughly clean, and all instruments must be sterilized.

The prognosis should in all cases be guarded; especially so in cases in which the Cystitis is of the purulent type, or in which there are complications. Those cases only permit us to give a good prognosis in which the urine is always normal. Yet although in some cases where this is impossible, the patient can be greatly relieved by careful study and attention to his case.

Treatment.—For the purpose of washing out the bladder, a fountain syringe, in combination with a stopcock and a double current catheter are the most desirable instruments. Yet any other syringe can be made use of, and the amount to be injected into the bladder can be measured and permitted to run out through a single current catheter.

The temperature of the fluid used should be from 100 to 104 degrees Fahrenheit. Where the urethra is too irritable or there is a spasm, preventing the introduction of an instrument, relaxing and soothing applications to the perineum and urethra are to be used.

Gauze moistened with a mixture of fluid extract of gelsemium and glycerine in the proportions of two to one may be applied, and dynamyne may be applied in the same manner. In the latter case it will be necessary to watch for nausea, which may be caused by the absorption of the dynamyne, in which case the use of this medicament must be discontinued for a while. Lobelia and stramonium may be used in similar manner, using the seeds or

herb in the form of a poultice; when using the latter it is necessary to watch for throat and head symptoms.

Where pain is excessive a four per cent. solution of cocaine may be injected into the urethra.

An excellent prescription is the following of Prof. Howe: \mathcal{R} Tinct. Oppi. \mathfrak{z} ii. Mucilage of Starch \mathfrak{z} iv. Inject into the anus one or two dessert spoonfuls every three to six hours.

In tubercular Systitis dilatation may be practiced as a measure for the relief of pain. In women who are also suffering from ulceration of the neck and fissure dilatation should also be practiced and combined with swabbing with carbolate of glycerine once or twice a week.

The following injections have been servicable in my hands:

Borax half an ounce. Water one pint.

Saturated solution of Boracic Acid.

Twenty per cent. solution of Creoline.

In mild cases an infusion of hydrastis has been of use, but I have failed to get in any other form the favorable results so many claim for it. Hydrastis with sulphate of zinc has been used and highly recommended, but I think that it is the sulphate of zinc that accomplishes the good results.

If, as it has been an old and useful remedy without the hydrastis for the urethra, why should it not be as useful for the bladder?

The acetate of lead, half a drachm to a pint of water is also good.

Ichtyol, two drachms to the pint of water; inject nitric acid, five drops to the pint of water (but only an ounce of this should be injected). If this proves too strong and produces pain it should be reduced to one-half the strength.

This latter is an especially good injection where the urine is strongly ammoniacal or where abundant triple phosphates exist.

Another good injection is salicylic acid

and borax, of each two drachms to one pint of water.

Glycerine and water mixed in equal proportions will remove viscid sticky tenacious mucus from the walls of the bladder.

Other injections are: Potassium permanganate one-quarter to one grain to one ounce of distilled or filtered water.

Pure Pepsin sixteen grains to two ounces of water, where there is coagulated blood obstructing the flow of urine even when a catheter is used. In other cases the retention of a drainage tube will be found useful.

The Sitz or hot water bath may be used by the patient two or three times a day from one-half to two hours at a time.

Enemata of hot water is also often very agreeable to the patient.

A recumbent posture is of cardinal importance. A hot sandbag between the thighs and a heated plate on the hypogastrium may also be tried for the purpose of giving the patient a little additional comfort.

In some stubborn cases I have found Prof. John King's remedy excellent. He adds one drachm of Elaterium to one pint of alcohol and gives teaspoonful doses sufficiently often to produce a moderate action of the bowels, and then continues the remedy in small doses. The special indications for this remedy are vesical tenesmus with mucus and large amount of triple phosphates.

In mild cases benzoate of Lithia in grain doses may be given.

Where too little urine is secreted, small doses of sulphate of magnesia should be used; where there is too much, extract of *Pinus canadensis* is indicated; where, however, the secretion of urine is irregular belladonna is the proper remedy.

There are a great many other drugs that have been recommended in these conditions, but of the legion that remains I will only mention collinsonia, chlorate

of potash and borax. The latter two remedies may be used both locally and internally and are especially indicated where there is a fetid smell emanating from the sufferer.

New York City.

MEDICAL MUSEUMS.

BY LEE H. SMITH, M. D.

Read at the meeting of the New York State Society, April, 1902.

With the near probability of the erection of a suitable building for the Eclectic Medical College in the City of New York, I have thought you would pardon me if I were to call attention at this meeting to the necessity of augmenting the fine museum and collection of pathological specimens that are now in the hands of this college by additions from the members of the State Society and the auxiliary societies connected therewith. I think that such would be the advantages of a committee for the purpose of increasing the extent of this museum it would be wise for the Society to appoint a special standing committee of three or more members to take into consideration the needs of the museum in connection with the college, to catalogue and put in shape its collections, and send out to the members of the State Society a list of the specimens that are desired in order to complete the collection, so that it may answer the true purpose of a museum of reference as well as one that may be used for pathological teachings and the study of abnormalities.

The first great medical museum was instituted by John Hunter, who unaided, made such a great collection that it became famous all over the world. This was ultimately purchased by the English Government and became the nidus for the present great British Museum.

Public institutions of this character grow gradually, but inasmuch as they are

cared for as time goes on, enlarged and aided by effort and financial assistance from individuals, they ultimately become enormous in their extent and value. The addition of a museum of comparative anatomy to that of pathological specimens is of the greatest assistance in teaching anatomy. It is only by comparison with the anatomy of the lower animals that some of the peculiarities of the human anatomy may be understood and the physiological processes comprehended.

Let us then endeavor by united effort to add materially at this, the beginning of the new century, to our collection, and by the efforts of so many individuals make a decided step for the betterment of our profession. Every member of the profession here can, by the time of our meeting next year, add to the collection of comparative anatomy some skeleton, the preparation of which will be both a pleasure and a profit, while the addition of such curious pathological specimens, or photographic delineations, X-ray or others, will add materially to the illustrative power of our friends in the college. If we teach the young men well they will be a credit and honor to our practice. Let us show to them that come after that we perseveringly and earnestly endeavored to aid posterity by doing our best for a generous support and upbuilding of the institution that represents our educational advancement.

A museum properly catalogued, labeled and displayed teaches lessons in a way that enables one to grasp the knowledge of a given subject with a rapidity and perfection of detail that is possible by no other method. It assists the teacher in making his subject clear to the student and can only be attained by persistent and long continued effort of many willing hands.

Therefore, let us unite in this good purpose, and by keeping it continually in our minds add steadily to our mass of ma-

terials until we are called to other spheres of usefulness.

Buffalo, N. Y.

REPORT OF SECRETARY TIEL.

Read at the meeting of the New York State Society.

Mr. President and Members of the Eclectic Medical Society of the State of New York:

As secretary of the New York State Medical Examining Board, representing this society, it gives me great pleasure to submit to you the annual report.

As the Regents' examinations for the academic year are from July 1, 1900 to July 31, 1901, I have arranged this report to include those dates.

There were four examinations for license to practice, at which 749 candidates appeared before the three boards as follows: First, State Medical Society, 671, of whom 59 were rejected; second, Homeopathic Medical Society, 58, of whom 4 were rejected; third, Eclectic Medical Society, 20, with 6 rejected.

In looking over the Regents' report, it is therefore found that the Eclectic Medical Examining Board is credited with a larger per cent. of rejections than either of the other boards. It is but fair, therefore, to Eclectics, and particularly to the Eclectic Medical College of New York, to analyze this report.

The following facts are brought out:

Of the 20 candidates before the Eclectic Medical State Examining Board, 12 were graduates of the Eclectic Medical Colleges, presenting for examination in the 7 different topics, 78 papers, all of which received 75 per cent. The remaining 8 candidates were graduates of other than Eclectic Colleges, presenting for examination 50 papers, 9 of which failed and are responsible for the 24.5 per cent. rejection. A report was made of the joint meeting of the three examining boards in

October last, and also of the joint meeting with the Medical Council on the afternoon of the same date. The officers of the board are the same as last year, as follows: President, Dr. Lee H. Smith; Secretary, Dr. Arthur R. Tiel; Question Committee, Drs. Smith and Tiel.

THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

SALINE SOLUTION.

The great value of normal saline solution (six-tenths of one per cent. solution of sodium chloride, or about a teaspoonful of the salt to a pint of water) as a therapeutic agent, so far as its internal use is concerned, is now universally recognized. In shock and collapse, either simple or that resulting from excessive hemorrhage, toxemia, etc., it has been and is being employed with very gratifying success. The practical value of intra-abdominal, intra-venous, intra-rectal and subcutaneous administration of saline solution is now established beyond a question, and its efficiency as an emergency remedy in certain well defined conditions is fully vouched for by observers of ability and unimpeachable integrity. This solution is said to correspond to the fluid portion of the blood—to be the ordinary pabulum of the corpuscles. Investigators have observed after its administration a marked increase in the number of colored disks, as well as an increase in numbers and activity of the leucocytes. The saline solution, therefore, not only fills the collapsed vessels, in cases of excessive hemorrhage, for instance, and thereby relieves the overstrained heart, but it also stimulates

the blood corpuscles and indirectly the nerve centers.

Believing that normal saline solution internally administered stimulates and tones up the corpuscles, Dr. F. C. Taylor, in an able article, suggests that it is not unreasonable to suppose that it may be of value as a local application in many cases where chemical antiseptics are now employed. The doctor says that he does not wish to be understood as advocating the entire abolition of chemical antiseptics, but he believes that in many cases a more rapid and satisfactory result may be obtained by assisting Nature—by supplying the white corpuscles with an abundance of food—without attempting to destroy the infection by the antiseptics usually employed. Dr. Taylor's experience in private practice and in the wards of the hospital, where he has had an opportunity of testing the relative merits of the normal saline solution and the various antiseptics, has convinced him that there is an extensive field for the employment of this valuable remedial agent. He has many times seen an unhealthy, necrotic surface, after twenty-four hours saturation in normal saline solution, change entirely, the purulent discharge diminish, the unhealthy granulations assume the appearance of health and beginning cicatrization be most evident.

There is no danger of using too much of the solution, but rather the danger of using too little. The wound should be dressed in the ordinary manner—sterilized gauze next to the surface, and over it a thick layer of cotton, and this should be thoroughly saturated with the solution. An impervious covering should be placed over the cotton. If the denuded surface is large the absorption will be very rapid, and in an hour or two the dressing will become quite dry. The solution should, therefore, be added frequently and in large quantities. The protective covering can be opened and fresh saline solution poured

on without disturbing the wound. Of course the solution should be sterilized, as it has no germicidal power. It acts indirectly by increasing the resisting powers of the tissues.

As an application in burns, Dr. Taylor says that his experience has satisfied him that normal saline solution is an agent of the greatest value. Marked relief from pain almost immediately follows its employment, the convalescence is rapid, and the resulting cicatrix is slight compared to the amount of damage done to the tissues and to that found after the employment of any other therapeutic agent with which he is familiar.

CHILD-MURDER.

There is probably no other crime which has such degrading effects on the moral nature as those which result from criminal abortion. Some women, who in other respects possess beautiful traits of character, and who are actively engaged in religious, moral, educational and other good works, will resort to all kinds of falsehoods, and to any means whatsoever, which they think will induce the physician to murder their unborn offspring. The deplorable indifference on the part of the public, clergymen, physicians, and even the courts, to the importance of this matter cannot fail to astonish all who appreciate the gravity of this offense against all that is sacred.

A few of the highest State courts, however, are beginning to more fully realize the magnitude and importance of this wide-spread crime, and as a result some very wholesome decisions have been recently rendered. The Supreme Court of the State of Idaho, in deciding a case which came before it, has handed down the following commendable decision:

"An unnatural abortion, brought about by means of drugs or instruments, violates the Divine law, the law of Nature, decency, the best interests of society, the

criminal statutes of the State, and not only is destructive of a life unborn, but places in jeopardy the life of a human being, the pregnant woman. This court also holds that where an unnatural abortion is sought to be caused by the use of instruments or drugs and death results, an abortion not being necessary to save the life of the woman, such acts under the statutes constitute the crime of murder in the second degree."

Such decisions as the foregoing should be given all possible publicity, as they certainly must aid somewhat in causing the murder of unborn children to become less frequent. The disregard of the subject on the part of teachers, ministers, druggists and physicians, and the frequent complicity of the two latter classes in the perpetration of the crime, cannot be too severely condemned. It is possible that the women who seek to destroy their offspring may be ignorant of the fact that from the moment of conception the developing embryo contains all the potential powers of the fully developed individual, and hence the destruction of its life is no less a crime than is the taking of the life of the fully developed human being after birth. It is not conceivable, however, that there exists an educated physician who does not know that the man who unnecessarily produces an abortion at the same time does a murder most damnable and foul. The man who murders an adult must possess a certain amount of brute courage, but the physician who unnecessarily destroys the life of an unborn child—meaning from the day of conception to term—performs the act of a dastard, and should be banished from the face of the earth.

The young doctor while endeavoring to build up a living practice is often tempted by the class of women herein referred to, but if he cannot make a living in the practice of medicine without yielding to the wishes of women who are

determined to avoid the natural responsibilities of wifehood he had better get out of the practice at once, and at least retain his self-respect.

STIGMATA MAIDIS.

Common Name.—Corn Silk.

Natural Order.—Graminaceae.

Part Used.—The green pistils or stigmata.

Description.—The annual plant from which this medicine is obtained is commonly known as Indian or field corn. Its stem is tall, erect, stiff, has a spongy central portion, and is from five to fifteen feet in height. The leaves are large, numerous and have a tuft of hair at the apex. Its fruit is roundish, usually bright yellow, densely packed in rows and forming a cylindrical blunt spike. The fruit when ripe is sometimes white, red, purple or even black in color.

Doses.—Fluid extract, 1 to 2 drachms; specific medicine, 20 drops to 2 drachms.

Usual Dose.—30 to 60 drops every two to three hours.

Indications.—Chronic inflammation of the bladder; uric acid and phosphatic gravel; excessive alkalinity of the urine; catarrhal cystitis; irritation of the bladder; dropsies caused by disease of the heart; painful urination.

In all catarrhal conditions of the urinary passages this agent exerts a curative power which is unmistakable.

Stigmata Maidis is diuretic, antiseptic and demulcent.

PARIS GREEN POISONING.

In Paris green poisoning Dr. W. C. Whiting uses chlorate of potash with marked success. As the time when farmers use Paris green extensively is rapidly approaching, it will be well to remember the record of his cases. In writing to the *Medical World* he says:

"In nine recorded cases I have not had

one which proved fatal, though the quantity of poison ingested varied from one teaspoonful to one-half teacupful; the latter quantity producing inflammation of stomach and bowels (acting as a cathartic) and of course requiring subsequent treatment suitable to those conditions. I have not seen any account of the use of chlorate of potash in Paris green poisoning in the text books or medical journals, so I have taken the liberty to mention it, as it is nearly always at hand, whereas it is not always an easy matter to obtain hydrated sesquioxide of iron freshly prepared. I use a saturated solution of the potash four to six ounces at frequent intervals as long as the matter returned from the stomach shows any signs of the poison. The color of the poison will be changed to a very dark brown or black by the potash. I am not sure of the chemical changes which take place, and would like to be informed. I am sure of the effect."

In numerous cases of remittent fever, typhoid fever, pneumonia, scarlet fever, and dysentery, it will be observed that the tongue, natural in color, is covered with a nasty, yellowish-brown substance, and that the tissues of the throat are full and lifeless in appearance. All such cases should have sulphurous acid. Two drachms of the specific medicine may be added to four ounces of water, and a teaspoonful of the dilution administered every hour or two, with perfect confidence that the nastiness will soon disappear.

Every physician should try to get, at least, a little certainty into his practice. If he can feel certain of the action of even one remedy, it is better than all guess work. Few doctors would like to go back to the crudities of fifty years ago, and yet, we are sometimes told, that the doctrine of small doses of pleasant medicines, given for their direct effect, is all "rot." The

doctors who entertain such views will some day find that their place in the procession is a long distance from the bandwagon.

Nursing bottle nipples which are attached to the bottle by means of a piece of rubber tubing are a very common cause of ill health. Some mothers pretend that they can keep them clean, and perhaps they really believe that they can. But they cannot. It is impossible. The plain black rubber nipple is the best. It is supposed to be free from coloring matter, and it is easily kept sweet and clean.

In local hemorrhages, tannin, dissolved in glycerin, affords a most convenient and powerful astringent application. Pure glycerin will dissolve nearly its own weight of tannin, and as the solution will readily mix with water, an application of almost any strength can be quickly prepared. The solution should be of recent preparation and kept in a dark place, as it decomposes.

Lobelia cannot take the place of Ipecac. Ipecac is the remedy for irritation of the sympathetic. In all cases of irritation of the stomach and intestines, when the tongue is narrow and pointed, its exhibition will prove a source of satisfaction to both patient and doctor.

It is a popular belief, with some mothers, that a teething baby should have very loose bowels, and the more ignorant the mother the more firmly is she grounded in the belief. This is wrong; diarrhœa frequently causes death, and should always receive prompt attention.

It is said that putting the feet in hot water will stop nosebleed. As soon as the feet become accustomed to the heat, boiling water is added until the temperature of the water reaches 120° F.

The doctor should learn to be astonished at nothing and always on the lookout for the unexpected.

HINTS TO YOUNG ECLECTICS.

The young physician who desires to stand well in his profession should give special attention to his therapeutics. Working indications for a goodly number and variety of remedies should be kept constantly in mind, in order that he may be able to promptly and intelligently prescribe for any and every pathological condition likely to be placed under his professional care. A careful study of the following indications for remedies in common use will aid the young eclectic in keeping his therapeutics well in hand.

Hydrochloric acid is indicated by a deep red tongue; sulphurous acid by a yellowish-brown substance on a tongue that is itself of natural redness; aconite by a small and frequent pulse; *æsculus glabra* by constriction of the chest and difficult breathing of asthma, as well as by the difficult breathing of consumptives; ether in syncope and hysterical conditions, as well as an anesthetic (its vapor is heavier than air, therefore, when used at night all lights should be kept well above the patient). Bromide of ammonium is indicated in convulsive conditions; the muriate of ammonia when there is a tenacious expectoration, and as a local application in rhus poisoning. Anthemis when the baby has the colic or is fretful from teething. Tartar emetic when there is stridulous breathing in pneumonia and bronchitis. Apis when there is itching and burning of the part affected, and as a remedy for retention of urine. Fowler's solution when there is imperfect nutrition and glandular deposits, and in cases showing a scaly formation on the skin. Agaricus (*Boletus*) in night-sweats of consumptives. Belladonna when the patient is dull and drowsy, and the pupils are dilated. Baptisia when the tongue is

slick, and the face full and purplish. Bismuth subnitrate when there is pain in the stomach, and eructations of acid material, and the tongue is red, pointed, and elongated. Bryonia when there is tensive or tearing pain in pneumonia and pleurisy, a painful cough from irritation, or a pain in the right side of the head extending from the frontal region to the occiput. Cactus grandiflorus when the pulse is intermittent, a sensation as if a band were tightly bound about the chest or head, or a shortness of breath from slight causes. Calcium sulphide when there are scrofulous enlargements, abscesses, tendency to suppuration, and in boils and styes. Carbo ligni (wood charcoal) when there is passive hemorrhage from the uterus and stomach. Chionanthus when the skin is of a color resembling partly corroded copper, or there is a yellowish or greenish discoloration of the skin or eyes. Chloral hydrate in convulsions, especially puerperal providing the heart is not weak. Cimicifuga when there is muscular pain in the back, loins and thighs, and when there are dragging pains and soreness in the uterus, slow, irregular scanty or protracted menstruation. Collinsonia when there is constriction of the larynx, sensation as if a foreign body was in the rectum, minister's sore throat, and in functional diseases of the heart. Delphinium staphysagria when there are prostatic discharges. Echinacea when the tongue is blackish in color. Eryngium when there is a frequent desire to urinate, with a burning pain in the urethra or bladder. Euphorbia corollata when there are bloody stools with tenesmus, and in watery diarrhœa and the diarrhœa of consumptives. Euphorbia hypericifolium in diarrhœa of children when the discharges are greenish and irritating. Tincture of the chloride of iron when the part affected is of a deep red color, especially in erysipelas. Hydrated oxide of iron as an antidote to acute arsenical poisoning. Gelse-

mium when the face is flushed, the pupils contracted and the eyes of unnatural brightness. Cocaine when a local anesthetic is needed, (it must be used with great caution for very small doses have caused death). Sulphate of quinine as an antiperiodic when the tongue is moist, but when the tongue is dry, and there is nervous excitement it is contraindicated. Alcoholic solution of the oil of cinnamon in postpartum hemorrhage. Helonias when there is pain or aching in the back with leucorrhœa, and in atonic conditions of the reproductive organs of women. Hyoscyamus when there is delirium with hallucinations, and in spasmodic movements of hysterical origin. Ipecac in irritation of the stomach and intestines when the tongue is narrow and pointed, in hemorrhage of the stomach, and in hoarseness following sore throat. Nuxvomica in atonic conditions, when the tongue is broad and pallid. Opium and most of its alkaloids are indicated by pain when the pulse is soft, and the skin and tongue are moist. Apomorphia is indicated whenever immediate vomiting is demanded. Passiflora is indicated in sleeplessness from nervous excitement and from the excessive use of alcoholic stimulants, and in convulsive conditions. Phytolacca in glandular troubles. Bichromate of potash in diphtheria and various kinds of sore throat, both internally and locally. Pulsatilla in the condition known as "nervous," and in many uterine troubles. Rhus toxicodendron in frontal headache, which is most severe on the left side, and in the nervous condition causing children to cry out in a frightened manner while asleep. Sabal serrulata (saw palmetto) in wrongs of the prostate gland. Salix nigra in irritation of the reproductive organs of both men and women. Santonin in retention of urine, and when there is a white line around the mouth and an unusual itching of the nose. Bicarbonate of soda in acidity of the stomach. Borax as

a surgical dressing, and as a wash and injection in diseases of women. Salicylate of soda in rheumatic conditions. Sulphite of soda when the tongue is broad and pallid, and coated with a pasty substance. Stillingia liniment in croup and irritative coughs. Strophanthus in the difficult breathing of heart diseases, and in drop-sical conditions. Veratrum viride when the pulse is full and frequent, and in puerperal convulsions. Viburnum in cramps of the legs. Xanthoxylum when a diffusive stimulant is needed. Sulphate of zinc as a quick emetic in poisoning, and locally as a remedy for cancerous conditions.—*Dr. Fyfe, in Eclectic Med. Gleaner.*

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

DEAR DOCTOR:—

The next meeting of the National Eclectic Medical Association will be held in Milwaukee, Wis., June 17, 18 and 19. Arrangements have been made by which the railroads will grant a one and one-third fare for the round trip on the certificate plan. Be sure to get a *certificate* with each ticket you purchase, and this will entitle you to a one-third fare on the return journey. Agents will be supplied with these certificates where you buy your tickets. Do not get a receipt but a certificate, and hand this to the corresponding secretary when you arrive in Milwaukee. Every State Society is expecting to send a large and representative delegation to this meeting, and you should make your preparations now to attend. Milwaukee is at its best in June, and the Wisconsin Society is preparing to entertain the National royally, and when they start out to do anything you may be sure it will be well done. The program for the meeting is unusually attractive, and you will miss a great deal if you do not attend. From Chicago we shall leave over the Chicago, Milwaukee and St. Paul at 7 o'clock A. M., and ar-

rive in Milwaukee at 9 o'clock, just in time for the meeting, which will be the most profitable, entertaining and best attended of any in our history. Arrangements have been made to have a special train from Chicago to Milwaukee. Make your plans so as to go with us on this train.

Our headquarters are at the Hotel Pfister in Milwaukee, and the corresponding secretary will gladly make arrangements for your stay there if you will write him.

Fraternally yours,
N. A. GRAVES,
Corresponding Secretary.

G. W. JOHNSON,
President.
Chicago, Ill.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Society was held April 15 at the "Thorndike," dinner being served in the main dining room. After the usual routine business the essayist of the evening—Dr. Augustus L. Chase—was introduced and spoke as follows:

Gentlemen: We will study to-night the normal position of the heart and the diagnosis of some of its diseases.

The heart is the most important organ in the whole body. It begins its work prior to birth and never ceases until life is extinct.

As to its normal position, I shall quote from Gray's Anatomy. The heart is a hollow muscular organ of a conical form placed between the lungs, and enclosed in the cavity of the pericardium.

Position.—The heart is placed obliquely in the chest; the broad attached end, or base, is directed upward, backward and to the right, and corresponds with the dorsal vertebræ from the fifth to the eighth inclusive; the apex is directed downward, forward and to the left,

and corresponds to the space between the cartilages of the fifth and sixth ribs, three-quarters of an inch to the inner side and one inch and a half below the nipple, or about three and one-half inches from the middle line of the sternum.

The heart is placed behind the lower two-thirds of the sternum, and projects further into the left than the right half of the cavity of the chest, extending from the median line about three inches in the former direction and only one and one-half inches in the latter; about one-third of the heart lies to the right and two-thirds to the left of the median line.

The anterior surface of the heart is round and convex, directed upward and forward and formed chiefly by the right auricle and ventricle, together with a small part of the left ventricle. Its posterior surface, which looks downward rather than backward, is flattened and rests upon the diaphragm. It is formed chiefly by the left ventricle. The right, or lower, border is long, thin and sharp; the left, or upper, border short but thick and round.

Size.—The heart in the adult measures five inches in length, three inches and a half in breadth at the broadest part and two and one-half inches in thickness. The weight in the male varies from ten to twelve ounces, in the female from eight to ten ounces. Its proportion to the body is as 1 to 169 in males, and 1 to 149 in females. The heart increases in weight and also in length, breadth and thickness up to an advanced period of life. This increase is more marked in men than women.

It is divided by a muscular septum into two lateral halves, which are named respectively right and left, and a transverse division subdivides each lateral half into two cavities—the upper on each side is called the auricle, and the lower the ventricle. The divisions of these four cavities are indicated by grooves upon the sur-

face. The right auricle is a little larger than the left, its walls somewhat thinner, measuring about one line, and its cavity contains about two ounces. The inner surface of the right auricle is smooth except in the appendix and adjacent part of the anterior walls, where the muscular wall is thrown into parallel ridges resembling the teeth of a comb, hence called the *musculi pectinati*. The right ventricle is tri-angular in form and extends from the right auricle to near the apex of the heart. Its anterior surface is rounded and convex, and forms the larger part of the front of the heart. Its under surface is flattened, rests upon the diaphragm and forms only a small part of the back of the heart. Its posterior wall is formed by the partition between the two ventricles. The left auricle is rather smaller than the right, its walls thicker, measuring about one line and a half. It consists, like the right, of two parts, a principal cavity or sinus and an appendix auriculæ. The left ventricle is longer and more conical in shape than the right ventricle. A transverse section of its cavity presents an oval or nearly circular outline. It forms a small part of the anterior surface of the heart and a considerable part of its posterior surface. It forms the apex of the heart by its projection beyond the right ventricle. Its walls are much thicker than those of the right side, the proportion being as three to one. They are thickest opposite the widest part of the ventricle. There are four pulmonary veins which are not provided with valves. The pulmonary artery is guarded by the semi-lunar valves. The tricuspid valve consists of three segments and guards the right auricular-ventricular opening. The mitral valve consists of two segments and guards the left auricular-ventricular opening. The semi-lunar valves surround the orifice of the aorta, two posterior, right and left, and one anterior. They are similar in structure and in their mode

of attachment to those of the pulmonary artery.

DIAGNOSIS OF DISEASES.

In diagnosing the various diseases of the heart we must remember that the heart may become diseased in a part without necessarily affecting the organ as a whole, though many times the whole structure is involved. We also should not forget that frequently it is difficult to diagnose each separate lesion.

Pericarditis.—Here we get an inflammation of the membranous sack which holds the heart. The majority of cases present no marked symptoms, and unless sought for there are no objective signs indicating its existence. Pain is a variable symptom, not usually intense, although cases are seen where the pain is of an aggravating and distressing character. By auscultation we get a friction sound due to the movement of the pericardial surfaces upon each other. This is one of the most distinctive of the physical signs. It is double, corresponding to the systole and diastole. In rare cases it is single and sometimes may be triple. The sounds have a peculiar rubbing, grating quality—sometimes they are cracking—and appear close to the ear. They are best heard over the right ventricle and are easily diagnosed.

Endocarditis.—This is an inflammation of the lining membrane of the heart and is usually confined to the valves. It may be acute or chronic. It is characterized by the presence on the valves, or on the lining membrane of the cavities, of minute vegetations. Its diagnosis many times is very difficult, although cases do present themselves when it is comparatively easy. In a majority of cases we get certain general features as irregular fever, delirium, sweating, and gradual failure of strength. The fever may be either septic or typhoid in type and is frequently accompanied with a rash, profuse sweating and diarrhoea.

The heart symptoms may be entirely latent and not found unless a careful search is made. Even with careful examination no murmurs may be heard, although with chronic valvular disease there is usually no difficulty in making a diagnosis.

Aortic Incompetency.—This occurs where the aortic valves, either from inability of the valve segments to close or from disease, fail to close the aortic opening. It is more frequent in males than in females, affecting chiefly able-bodied, vigorous men in the prime of life. *Physical signs.*—Inspection shows a wide and forcible area of cardiac impulse with the apex beat in the sixth or seventh interspace and often as far out as the anterior axillary line. Percussion shows a greater area of cardiac dullness than is found in any other valvular lesion. On auscultation a murmur is heard in the second right interspace, which is propagated with intensity toward the ensiform cartilage or down the margin of the sternum toward the apex. In a majority of cases it is a soft, long-drawn bruit, and is, of all cardiac murmurs the most reliable. It is produced by the reflex of blood from the auricle into the ventricle. Usually there is a systolic murmur heard over the region which may extend to the neck. The second sound is generally absent and is accompanied with relative insufficiency of the valves. A second murmur at the apex, probably produced at the mitral orifice, is not uncommon. This apex diastolic murmur of aortic insufficiency occurs in a considerable proportion of all cases. An examination of the arteries in this disease is of great value. The carotids may be seen to throb forcibly, the temporals to dilate and the brachials and radials to respond with each heart throb. Aortic insufficiency may not, at first, show marked lesions, for so long as the hypertrophy just equalizes the valvular lesion there may be no marked symptoms, and the individual may take quite severe exercise.

Aortic Stenosis.—Here we have a narrowing of the aortic orifice. It is not as frequently met as insufficiency. This affection has an intensely rough or musical murmur of maximum intensity in the aortic region, with signs of hypertrophy of the left ventricle, a thrill and a hard, slow pulse of moderate volume and fairly good tension. Diagnosis of aortic stenosis can be made with some degree of probability, particularly if the subject is an old person, although a murmur at the aortic cartilage has of itself no marked diagnostic importance.

Mitral Insufficiency.—This closely resembles aortic insufficiency only it is situated over the mitral valves. The effect of insufficiency of the mitral segment is the imperfect closure of the valve, which allows a certain amount of blood to regurgitate from the ventricle into the auricle, so that at the end of the auricular diastole this chamber contains not only the blood which it receives from the lungs, but also that which has regurgitated from the ventricle. This necessitates extra work for the auricle in expelling the extra amount of blood, hence we get hypertrophy of the part. During the development of this condition—unless it comes on quickly in consequence of rupture of the valve—the compensatory changes go hand in hand with the defect and there are no subjective symptoms. Sooner or later comes a period of disturbed or broken compensation in which most intense symptoms of venous engorgement takes place and there is palpitation, weak, irregular action of the heart and signs of dilatation. Dyspnoea is a marked symptom.

By auscultation we get a systolic murmur which wholly or partly obliterates the first sound—this murmur is often transmitted upward into the axillary space. Occasionally there is also a soft, sometimes a rough or rumbling, presystolic murmur, and in some cases a loud

blowing sound during the systole. These sounds may change somewhat with changes in the position of the patient. An important sign by auscultation is the loud pulmonary second sound. This is heard to the left of the sternum in the second interspace, or over the third left costal cartilage. The pulse in mitral insufficiency may be full and irregular, though of low tension; yet many times it is irregular at the onset and frequently continues so throughout the attack. Often there are no two beats of equal force or volume; and after the disappearance of other symptoms of failure of compensation this irregularity still exists. The three important signs are the systolic murmur extending into the axilla and heard at the angle of the scapula, the accentuation of the pulmonary second sound, and the evidence of enlargement of the heart—especially the increase in the transverse diameter due to hypertrophy of the right and left ventricles.

Tricuspid Regurgitation.—This is much like the mitral only we get it upon the right side of the heart and transmission of the pulse wave into the veins of the neck—that on the right side is stronger than that on the left—and may be seen in both the external and internal jugulars. Marked pulsation in these veins only occur when the valves guarding them are incompetent. Slight pulsations may occur when there is no valvular disease. Sometimes the distension of these veins are enormous where the patient is troubled with a cough. These cases may be congenital or acquired.

Hypertrophy and Dilatation.—Hypertrophy is an enlargement of the heart due to increased thickness of the muscular walls. It may be either total or partial. Dilatation is an increase in size of one or more of the cavities, with or without thickening of the walls. These conditions usually exist together and are described as enlargement of the heart. We have two

forms—the simple hypertrophy when the cavity or cavities are normal size, and hypertrophy with dilatation when the cavities are enlarged and the walls increased in thickness. Hypertrophy of the left ventricle alone is brought on by disease of the aortic valve, mitral insufficiency, pericardial adhesions, sclerotic myocarditis, and disturbed innervation. It often is a result of the action of tea, alcohol and tobacco. Hypertrophy of the right ventricle occurs from lesions of the mitral valve, either incompetence or stenosis, pulmonary lesions obliterating the number of blood vessels in the lungs, valvular lesions of the right side, chronic valvular disease of the left heart and pericardial adhesions. In the auricle hypertrophy is never seen with dilatation. Hypertrophy is secondary to some valvular or arterial lesions, and may not be accompanied by any marked symptoms. As long as the lesion causing it and the hypertrophy keep an even balance the patient may not be aware of any diseased condition. Actual pain is rare. In general arterial degeneration, associated with contracted kidney and hypertrophied left heart, apoplexy is common. Inspection may show bulging of the chest wall, the intercostal spaces are widened and the area of the visible impulse is increased. Percussion shows increased dullness, and we find the apex beat in the sixth or seventh intercostal space and often to the left of nipple line. This downward displacement of the apex is an important sign in hypertrophy of the left ventricle. The valvular sounds may be normal, but often the first sound is prolonged and dull in hypertrophy while in dilatation it may be clear and sharp. A peculiar click may be heard just to the right of the apex beat. The second sound is clear, loud and sometimes ringing in character while in valvular disease the sounds are altered and generally accompanied with murmurs. The pulse is usually full, strong and of a

high tension. In dilatation of the heart we get two varieties—dilatation with thickening walls and dilatation with thinning walls. There are two important causes which combine to produce dilatation—increased pressure within the cavities, and impaired resistance due to weakening of the muscular wall. Examples of dilatation occur in all forms of valve lesions. Dilatation causes weakness of the cardiac walls, diminishes the vigor of their contractions, and is, therefore, the reverse of hypertrophy. As long as full compensation is maintained we may not be aware of the conditions, but when this fails the venous system becomes engorged and dropsy may result. The first sound is usually shorter, sharper and more valvular in character and more like the second sound, but as dilatation progresses it becomes weaker and obscured with murmurs, which are produced by the incompetency of the valves due to the great dilatation. These murmurs may at times disappear. Patients that suffer from hypertrophy and dilatation are usually able-bodied men in middle life—active, hard working, and many of them excessive beer drinkers.

The heart's action in its normal condition of health is imperceptible. We see cases of palpitation which are due to a nervous condition resulting from the excessive use of tobacco, tea, coffee, and alcohol. We frequently see patients with very rapid heart-action also those where the heart action is extremely slow. Here it is necessary to know the normal condition in order to distinguish the diseased condition of our patients. We should also examine our patient to see if the pulse beat and the heart beat are in unison as in some cases the heart beat does not carry only every other pulse beat as far as the radial artery. This would indicate either disease of the heart itself or disease of the arterial system.

In these last conditions very little medi-

cine is required. Our treatment should be more mental than medicinal.

In neuralgia of the heart we get a sudden onset of most severe and distressing pain in the region of the heart. It feels as if the heart was grasped in a vice. It is a very serious condition and unless soon relieved is apt to destroy our patient. This condition is often caused by the excessive use of tobacco or alcohol. After the attack is relieved we should urge upon our patient the necessity of making a change in his habits so as to ward off future attacks. During the pain the inhalations of nitrate amyl or chloroform are among our best remedies to give quick relief. I remember the late Prof. Scudder used to say that a drachm dose of the tincture of lobelia seed would give relief better than any other remedy.

DISCUSSION.

Dr. Miles spoke of the fullness and completeness of the paper. He said nitrate of amyl had its place in the treatment of angina pectoris but he felt that the hypodermic injection of morphia a quicker and more perfect treatment. He should not hesitate to use the lobelia in small doses frequently repeated.

Dr. Perrins spoke of the value of combining gelsemium with the morphia in the hypodermic injection. He also gave gelsemium internally in addition.

Dr. Miles said he had used the combination of morphia and gelsemium, ever since Dr. Spencer spoke of it many years ago at one of our meetings, and regarded it as one of the most valuable combinations he had ever used. Did not think anything had ever been said in our Society that was more valuable.

Dr. Chase inquired the dose.

Dr. Perrins replied that he used $\frac{1}{4}$ to $\frac{1}{2}$ grs. morphia to grs. xx of the gelsemium. The ordinary dose when pain is not excessive would be maphia gr. $\frac{1}{8}$, gelsemium grs. x.

Dr. Miles said that doubtless alcohol,

tea, coffee and tobacco would produce hypertrophy of the heart in some instances but there were cases where these agents did not cause such effects. He also desired to emphasize the fact that excessive use of gymnastics will cause hypertrophy of the heart and that the death rate from heart trouble had increased among those accustoming themselves to violent exercise. They usually succumbed at about the age of 35.

Dr. Perrins thought that if the gymnasium exercises were properly used they would be a benefit and were intended to counteract the nervous strain so frequently met. He wished to speak upon the subject of coffee. Since his earliest recollections he had suffered from excessive headaches. It was a family trait. He got so bad that if he was called up to prescribe before he had had his coffee he suffered from a severe headache all day. He was told that the headaches came from the coffee, so he gave it up for a year. They were not so bad but still were very frequent. He then commenced to drink coffee again but without milk or cream and has continued that custom for over ten years. I do not have one headache where I used to have twenty. The point I wish to make is that you advise those patients who feel evil effects from coffee to use it without milk or cream.

Dr. Miles spoke of the case of Dr. Underwood, a former member of this Society, who was obliged to give up the use of coffee but resumed it again by not adding milk or cream.

Dr. Spencer said he liked milk in his coffee, but preferred cream. Thought when drank without milk or cream that they used a smaller quantity of coffee, hence the relief. He had used it and had gone without it. On the whole felt better when using it. Did not believe in attributing so large a majority of heart troubles to the male, and rum and tobacco. It had been his experience to see some

of the most distressing and fatal cases in the female. Believed that we must take our chances with the medicine employed. It was far better to administer the Morphia and Gelsemium than to withhold it from fear that the patient would die from its effect. They will die if not relieved and if they die because it is used the death will be easier. Whenever you meet a patient with heart trouble instruct them to live according to physiological law. It is the transgression of this which produces the disease. This law does not always apply alike to all individuals. Tell each patient what it is necessary for them to do.

Mr. MacPherson, a student at Harvard Medical School, was asked what treatment was recommended there for angina pectoris. He replied nitroglycerine 1-100 either hypodermatically or by the mouth, and repeated at intervals of half an hour.

Dr. Pattee said he had used the nitroglycerine in agina with good results. Seldom was obliged to resort to the morphia.

Dr. Miles had not used the nitroglycerine in angina fectoris, but used nitroglycerine in conjunction with strychnia as a heart stimulant very frequently. He spoke of nitroglycerine in vomiting; giving the 1-2000 of a grain every fifteen minutes to an infant to check vomiting.

Dr. Perrins spoke of his success with nitroglycerine in the feeble heart cases. Also as an extra good stimulant when the heart was feeble during anaesthesia in surgical operations. He injected 1-100 of a grain at such times and repeated every five minutes if necessary.

Dr. Miles said in connection with the discussion he would like to mention the old Dr. Bowditch pill which had served him well many times the past forty years in all rheumatic heart troubles. The formula was as follows:

Digitalis grs. xx, colchicum grs. xl, bicarbonate of soda grs. lxxx. Make pill

mass and divide into 3 gr. pills. Give pill two to four times a day.

PITTS EDWIN HOWES, M. D.,
Secretary.
Boston.

ANNUAL MEETING OF THE ALUMNI ASSOCIATION OF THE ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.

The annual meeting will be held on Thursday, May 15, at the college building, 239 East Fourteenth street, at 1 o'clock P. M.

This will be an important meeting. A report will be given of the successful completion of the college subscription fund, in which every member will be interested.

There will be addresses by Drs. J. H. Gunning, J. T. Sibley, C. W. Fitch and others. Luncheon at 2.30. C. A. Tyrrell, M. D., president; H. C. Hinds, M. D., secretary.

Commencement exercises same evening at Carnegie Lyceum.

THE TWENTY-NINTH ANNUAL SESSION OF THE E. M. A. OF PENNSYLVANIA.

The E. M. A. of Pennsylvania will convene in the Supreme Court room at Harrisburg, May the 21st and 22d. The sessions will be at 2 and 8 p. m., on the 21st and at 9 a. m. and 2 p. m., on the 22d.

Headquarters at the Bolton House, where a banquet will be held at 10 p. m. on the 21st. Special rates have been secured at this hotel at \$2 per day.

This is to be a very important and interesting meeting, so let your presence and aid make this a grand rallying meeting that we may be benefited and go home rejoicing.

You can get excursion rates to Harris-

burg from the 15th to 22d for one fare on the railroads.

Please let the recording secretary know before the 15th of May, if you are coming and going to bring your wife or friend so he can arrange for the number of plates at the banquet.

Don't forget your papers.

The Central E. M. A. will have a business session from 10 to 12 A. M. on the 21st.

C. M. EWING, M. D.,
President.

R. E. HOLMES, M. D.,
Recording Secretary,
716 N. Sixth street,
Harrisburg, Pa.

NEW ENGLAND ECLECTIC MEDICAL ASSOCIATION.

The eighth annual meeting of the New England Eclectic Medical Association will be held at the Allyn House, Hartford, Conn., May 13, 14 and 15. An interesting program has been arranged.

THE ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the City and County Society of New York was held at their rooms, 239 East Fourteenth street, on Thursday, April 17; President Herzog in the chair. In the absence of Secretary Doll, Dr. F. L. Morhard was elected secretary pro tem. About thirty members responded to the roll call.

Dr. Herzog presented a most interesting paper upon "Stereoscopic Vision" with demonstrations. The paper was discussed by Drs. Krausi, Sibley, Tobynne and others.

The dean announced the date of commencement to be May 15, at Carnegie Hall, and the Society voted to attend same.

F. L. MORHARD,
Secretary pro tem.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 25th of the month in order to be answered in the next number of the REVIEW.

J. A. B. Is it safe to prescribe either one or all of the following drugs in full size doses for pregnant women? If not about what size doses would be safe? (1) Magnesia sulphate, (2) sodium phosphate, (3) sodium hyposulphite, (4), cornus florida, (5) quinine sulphate, (6), myrrh, (7) castor oil, (8) rosemary oil, (9), opium, (10) camphor, (11) cream tartar, (12) cripidium pub., (13), salol, (14) acetanilid, (15) cimicifuga rac., (16) ipecac, (17) rhubarb, (18) scutellaria, (19) lycopus vig., (20) lucopus eur., (21) helonias dio., (22) hydrastis can., (23) eupatorium perf., (24) senecio gra., (25) juglands cin.

We should bear in mind that pregnancy is a physiological condition, not a diseased state. That it is liable to be interfered with by a variety of conditions which are symptomatic of a departure from the normal or healthy condition of the pregnant woman. We, as Eclectics, give remedies to assist nature in restoring the equilibrium. We also assert that morbid conditions indicate the remedy which is essential to the restoration of health. Hence it follows if the pregnant female is suffering from any wrong we should endeavor to right such divergence by giving the indicated remedy, just the same as in any other patient. In the list of remedies quoted above are many which find a very good place in the treatment of the diseases of pregnancy. It would take too much time and space to indicate the use and dose of each of the twenty-five remedies. I would refer the inquirer to Loche's

Materia Medica, where he will find the necessary information regarding the dose of each remedy concerning which he has inquired.

S. E. S. Will you kindly give me your opinion as to what was the cause of the following condition?

A woman of good health, though very tired, had just commenced to menstruate when she was obliged to walk about a mile and a half in snow and slush. She was thoroughly soaked to the skin. She returned home after her work was done, and stiffened out and lay in a comatose condition for twenty-four hours. After a while sight came back to her eyes, but there was no ability to move a muscle in the body. The first movement possible was the rolling of the eyes. With the return of sight was perfect consciousness, although it could not be expressed. The next motion was the flexion and extension of the forefinger of the right hand, which she kept repeating for the whole day. Then she was able to turn her head. Little by little motion came to all parts until they moved as freely as before. It was several days before her speech returned. There were no signs of convulsions. Her health is as good now as before the occurrence.

I would be very glad to have the readers of the REVIEW mail me, before the first of June, their thought as to the cause of the conditions which existed in the above case. Such expressions together with my own impressions, will be published in the June number of the REVIEW.

GLASS VACCINE POINTS—A NEW AND ORIGINAL IDEA.

One of the most interesting developments in vaccine points is undoubtedly that recently placed upon the market by the H. K. Mulford Co. of a flint glass point, similar in size and shape to that of

the ivory point. Every propagator of vaccine, as well as user, has recognized the limitations of the ivory or bone point, inasmuch as it could not be properly sterilized either by dry heating, which chars it, or by the use of antiseptic solutions or powders, which would be absorbed in the bone and destroy the vaccine virus itself, and for this reason experiments have been carried on covering a period of years, to secure a proper substitute in glass, which from the start has been recognized as ideal, if it could be properly produced. Mulford Co. have succeeded in doing this, they have under their management a large and completely equipped glass plant, on their vaccine farms at Glenolden, for the manufacture of such glassware as they use in connection with antitoxin and vaccine.

The glass point permits of thorough scarification, it is easily and thoroughly sterilized, and is supplied by the H. K. Mulford Co., either in form of dry points, or what is superior to these dry points, the glycerinized form of vaccine; this is the same vaccine as employed in the glycerinized tubes and is thoroughly tested and free from pathogenic organisms.

The glass point is first sterilized, then tipped with glycerinized vaccine, which has been carefully tested bacteriologically and physiologically, to prove its activity and purity, after that it is encased in sterile glass capsule, which is then hermetically sealed, thus permitting handling of the point without any possible contamination, and it is in point of fact, the ideal form of vaccine, representing the purest and most active.

There is no advanced charge made for the glass glycerinized points.

As a rule, "nervous" women have weak hearts. They need cactus and pulsatilla.
—Medical Summary.

JOHN KING HOSPITAL.

We are now pleased to announce the completion of the John King Hospital Association and its satisfactory incorporation for \$50,000.

The names of the incorporators are as follows: E. Younkin, M. D., E. Lee Standlee, M. D., M. M. Hamlin, M. D., Hon. William M. Kinsey, A. F. Stephens, M. D., J. C. Huntley, M. D., O. T. Upshaw, M. D., I. W. Upshaw, M. D., H. H. Helbing, M. D., all of St. Louis; George A. Steele, M. D., Lucerne, Mo., and W. C. Hudson, M. D., of Mulberry, Arkansas.

The officers of the association are: President, M. M. Hamlin; secretary, A. F. Stephens; treasurer, E. Lee Standlee.

We are also able to announce, that the association has purchased one of the best and most favorably located sites in the City of St. Louis, for which they paid the sum of \$20,000. It is anticipated that the buildings will cost about \$50,000 more.

The John King Hospital is to be made one of the most modern and attractive in the City of St. Louis and when completed the aim is to make it for Eclecticism what *he* was, after whom it is named—a superb exponent of Eclectic Medicine and Surgery.

JOHN KING.

It is desired to give every one who will, a chance to aid in the great undertaking in which we have entered and we will therefore solicit and accept subscriptions from all who are interested and desirous of helping to carry the cause of Eclecticism forward. Certificates of stock will be issued to those who subscribe in any amounts from \$10 up. The stock will be of par value.

Literature will be sent out in a very short time explaining our plan fully. In the mean time those who desire to aid at once, without waiting for solicitation, can do so by sending money to the treasurer, Dr. E. Lee Standlee, Twenty-third and

University streets, St. Louis, or write to Dr. A. F. Stephens, secretary, 4113 North Grand avenue, St. Louis, Mo., who will take pleasure in giving all the information desired.

OLEIC ACID IN HEPATIC COLIC.

Olive oil has always been considered empirically as a specific remedy in hepatic colic, and even in gall stones. But it has usually been administered during the attack, and more as a sedative than for preventive purposes. Dr. S. Artault de Veve attempts to show that in oleic acid, the active principle of olive oil, we possess a powerful preventive of biliary lithiasis. According to the author, it is highly probable that to oleic acid the remedial effect of olive oil in biliary colic is to be ascribed, and this conclusion has been completely borne out by observations covering a period of about six years. The effect of oleic acid in hepatic colic has always been uniform and remarkably good.

The acid may be given in capsules of 8 minims each, one to be taken morning and evening, for a period of one to two weeks. If necessary, 16 minims may be prescribed at a dose, and the acid taken for a prolonged time, with regular intermissions. In this manner attacks of biliary colic may be prevented, and relieved when once established. This double efficiency is another valuable property of oleic acid.

The author insists on the prime importance of obtaining the pure product, as often fraudulent substitutes are dispensed. The following conclusions seem to be warranted: 1. Oleic acid is a specific remedy for biliary lithiasis. 2. The remedy relieves promptly the pain of an attack of biliary colic, but its chief efficiency is shown in preventing the return of the paroxysm, by interfering with the further formation of stones. It is thus curative and preventive at the same time. 3. The single dose is 8 to 16 minims in capsules,

one in the morning for ten days of the month, if the attacks recur monthly, or for fifteen days preceding the expected paroxysm. After continuing this treatment for some time it may be stopped.—Merck's Archives. Bulletin.

Camphor smoking is reported as the latest fad among Parisian neurotics. The habit is begun under the belief that it produces a beautiful complexion, but it soon becomes a passion, producing somnolence, apathy, and weakness.—American Medical Journal.

ITEMS.

The H. K. Mulford Company has secured the services of Joseph J. Kinyoun, M. D., Ph. D., late Surgeon of the Marine Hospital Service and Director of the Hygienic Laboratory of the Marine Hospital Service at Washington.

Dr. Kinyoun is widely and favorably known at home and abroad as a sanitarian and scientific investigator, and has served the Government on numerous occasions as special delegate to International Medical Congresses. He is devoted to original research in Bacteriology and in the interests of the Government he has visited the various bacteriological laboratories in this country and in all Europe and Japan. Dr. Kinyoun received special instruction from Professoors Koch, Behring, Pasteur and Roux of Paris and Berlin, as representative of the Government, thus acquainting himself with the progress made in serum-organotherapy and in the investigation of infectious diseases. He is peculiarly fitted for the directorship he now assumes and under his administration there will be still further advances made in the field of biology as applied to medicine.

On Friday, May 2d, the New York Specific Medication Club enjoyed their

annual dinner at Allaires. There were covers for twenty-four; all seemed to have a pleasant time. The Dean acted as toastmaster, and Weary, the sport, read an original poem which we hope to publish at some other time.

Dr. William H. Hawley, of Penn Yan, who was one of the students of the Eclectic College at Rochester, in '47 and '48 is still in active practice. For many years an earnest and enthusiastic attendant at out State meetings, he was disappointed at not being with us at the April meeting.

The Beachonian dinner (the complimentary dinner to the graduates) will be given at the Hotel St. Dennis directly after Commencement. Tickets can be obtained of Mr. Philo, Class of 1904, at the College.

Once more we print a subscription blank in the back of this number, for the accommodation of a few who over-looked it in our last.

Don't forget to attend the Alumni meeting, May 15th, at 1 p. m., College building, 239 East Fourteenth street. The subscription fund has been completed and this will be the happiest meeting we have held in many years.

Read the advertisements in this issue, and if in need of any of the articles mentioned send for catalogue and price list, and when ordering mention the REVIEW.

Do not delay your paper for the National. If you cannot attend, send it to the chairman of the section before the meeting.

We have had to postpone our book reviews until the June number.

INDIGESTION, ACID FERMENTATION



of food in the intestinal canal, with consequent DIARRHEA, CHOLERA MORBUS "SUMMER COMPLAINT"—are conditions with which the physician has daily to contend during the warmer months. ❀ ❀ ❀ ❀ For many years these conditions have been successfully met with

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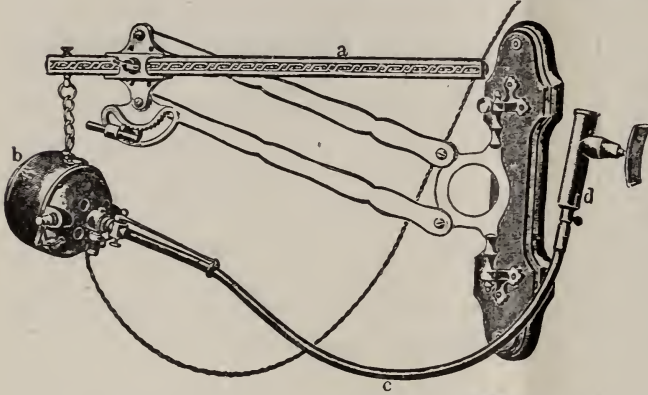
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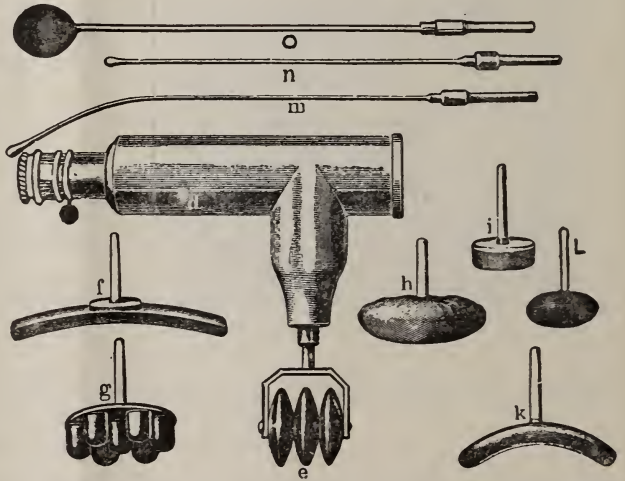
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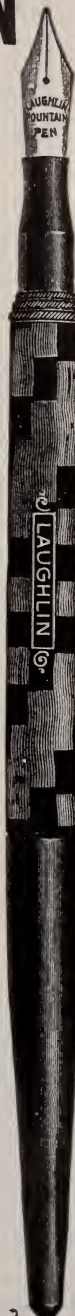
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If you contemplate using the Twelve Tissue Remedies, we should suggest your getting them in 4-oz. bottles, in powder or tablet form, the price being \$4.00 in powder form, and \$4.80 for the complete set in tablet form; and if you will send us an order for the Twelve Remedies put up in this manner, we will be pleased to send you a copy of "The Biochemic System of Medicine," the latest and best book on the subject of the Tissue Remedies, containing 500 pages of matter, for \$1.00, although the regular price of the work is \$2.50. We make this liberal offer in order to give every physician an opportunity to use the Tissue Remedies and get this latest and best book on the subject.

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EDITOR: G. W. BOSKOWITZ, M. D.

VOL. V.

NEW YORK, JUNE 15, 1902.

NO. 6

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OUR COLLEGE.

Trustees, Faculty, Alumni Students and Eclectics generally all rejoice to know that the Dean's prediction and promise of a year ago were fulfilled on Commencement Day, when the subscription list was delivered to the Trustees.

Thus, the beginning has been successfully accomplished. Already the board has provided for the collection of the subscriptions and the deposit and safe guarding of the fund intended to provide for the college, a building commensurate with its needs, and worthy the Eclectic profession.

W. R. S.

MEETING OF THE ALUMNI ASSOCIATION AND COMMENCEMENT.

If we measure growth and development for our school of medicine by the thermometer of the recent annual meeting of the Alumni Association of our college held on May 15 we can surely report progress.

There was a fine attendance, with a full representation of the classes, excellent addresses and a general spirit of harmony and good fellowship prevailing.

Sorrowfully we recalled familiar faces not seen there. The seat of Dr. W. H. Bowlsby, one of the oldest and staunchest members of the association, was vacant. Dr. G. H. Day, a member of the board of censors and of one of the earliest classes, has joined the great majority.

The genial Prof. Armgardt has been called up higher while abroad during the year. The cheery presence of our enthusiastic Prof. J. Hervey Bell was sorely missed by all his associates.

Dr. Pitts Edwin Howes of Boston and Dr. Frederick Wallace Abbott of Taunton, Mass., sent kind greetings, being unable to attend.

Dr. W. R. Hayden of the class of '67

sent warmest congratulations. If his bodily strength equalled his desire, he would have brought his own message.

Dr. Albert Fox of the class of '71 was present as usual and in his happiest mood. The younger element in the later classes was out in force, and evinced a strong, substantial interest in their alma mater.

The addresses of Dr. Gunning and Dr. Fitch, two of the new professors, were listened to with close attention and evident enjoyment.

The luncheon served by the ladies was dainty and appetizing and inspired very happy after dinner speeches.

When the dean, Prof. G. W. Boskowitz, announced the completion of the subscription list of \$15,000, with a surplus toward a new college building presenting the names of the subscribers to Mr. Spooner, president of the college and of the board of trustees, the mercury rose to fever heat and the enthusiasm was decidedly contagious. The dean was happy and so were also the members of the association. Certainly Dr. Boskowitz, as well as his wife, deserve all the happiness they now experience after their untiring efforts to attain the completion of the fund.

There were no sedatives needed, however, to reduce the temperature, though the philosophic, conservative influence of the president of the college in his wise and cautious speech had a quieting influence, certainly a helpful one.

We all need to keep stirring and striving to accomplish the much needed and long desired new college building.

Dr. William Collins Hatch of Maine and secretary of the New England Medical Association brought greetings from the association and pledged their loyalty to the college.

Dr. John Perrins of Boston represented the Massachusetts Medical Society. He promised to report what has been done and anticipates approval and assistance for the new building.

So this annual meeting passes into history as one of the most significant as well as one of the most encouraging ever held and points to a new era for our school and its graduates.

HARRIET C. HINDS, M. D.,
Secretary.

Another commencement season of the Eclectic Medical College of New York is over, with all its anxieties, uncertainties and triumphs.

It *commenced* with the announcement to the members of the graduating class that on such a date the examinations for graduation would *commence*. The class accordingly in response *commenced* to look careworn and to resort more faithfully than ever to text and note books. The anxious expression faded out, and a general glow of happiness succeeded after the averages were announced.

The program of the exercises in Carnegie Lyceum on the evening of May 15, was successfully carried through and was thoroughly enjoyed by a large and enthusiastic audience. Flowers were banked on the stage, grouped in fanciful devices, which later overflowed on the platform to speakers and faculty as well as to the graduating class.

The dean of the college, Dr. G. W. Boskowitz, in making the report of the college, referred to the number of graduates in the present class. Only eight will receive their degree but all have taken a four-years' course and have fairly and honorably earned their diplomas.

Dr. Hans Harris voiced the farewells to college life in his valedictory very gracefully.

Rev. A. L. Banks delivered a very able address emphasizing in a quaintly humorous style the adaptability and fitness of women for the profession. Mr. Banks congratulated the faculty on admitting women to the college on an equal footing.

And now being fortified by their dip-

lomas each graduate goes forth to another *commencement* in which the stern realities of life, from a professional side, must be faced. With what success will depend largely on the *spirit* with which each one will *commence*.

HARRIET C. HINDS, M. D.

WILLIAM TOD HELMUTH, M. D.,
L.L. D.

This leader in homœopathy finished life's labors May 14, 1902. He was more than mere leader in that school of medicine, his record being a proud one as medical practitioner, surgeon, instructor and humanitarian. He will be missed, not only by his immediate associates and those of his own medical faith, but by practitioners of every school, as he was among the foremost advocates of broad doctrines and liberal medicine. He reared his own monuments in his medical writings and the text-book which is universally recognized as the standard classic of homœopathy. We, as Eclectics, revere his memory equally with our homœopathic brethren.

A NOBLE LIFE ENDS.

Dr. David Williams, whose residence has been at the corner of Long street and Jefferson avenue, died at Grant Hospital, Friday afternoon from cancer of the liver. Dr. Williams was taken sick about ten weeks ago, but continued his practice until about four weeks ago, when he became worse, since which time he has been confined to his bed. Several consultations were held and it was agreed that he was suffering from cancer of the liver, but in order to clear up any possible doubt that might exist, he was removed, at his own request, to the hospital, where an operation was performed which confirmed, in

every respect, the diagnosis already made

Dr. Williams was born at Alexandria, O., in 1843, and attended college at Granville, Oberlin, and the Eclectic Medical Institute of Cincinnati. He enlisted in the One Hundred and Thirty-fifth O. V. I., in 1863, for the 100 days service. He began his practice of medicine in 1867 and has been in active work for thirty-five years, five of which were in Yorkville, Ill., seventeen in Alexandria, O., and thirteen in this city. Dr. Williams, always exceedingly active in all medical affairs, was at various times president of the National, State and local medical societies and was one of the framers of the present State medical law as well as treasurer of the State board of medical examination and registration. He had been a member of the surgical staff of the Protestant Hospital since its foundation and also member of the sanitary committee of the board of trade. He was a member of St. Alban's Lodge, F. & A. M., and of Wells Post, G. A. R.

Dr. Williams was a member of the First Congregationalist Church, having been identified with that denomination for over thirty years. In 1867 he married Miss Anna Nichols of Licking County, who died in 1888, leaving two children, both of whom survive Dr. Williams. Dr. Fred O. Williams, associated with his father in practice since 1893, and Mrs. H. B. Hutcheson. In 1900 Dr. Williams married Miss Jenny Evans.

Dr. Williams was of a broad, generous nature, exceptionally kind and gentle in his disposition, and unostentatious in his manner, but with all a man of unusual ability both in and out of his profession. During his life in Columbus, these same enviable qualities have endeared him to a large circle of friends who will sincerely mourn his departure. It may be truly said of him that he was a valuable citizen in all respects and one of nature's noblemen. The body will be taken to Alexan-

dria, O., for burial, but arrangements for the funeral services have not as yet been made.—Ohio State Journal.

"THE POISON OF LA GRIPPE AS A CAUSE OF ABORTION IN PREGNANT WOMEN."

By J. P. NOLAN, M. D.

There can be no doubt of the virulence and far-reaching effects of the poison of Grippe. Generally when we speak of the disease we have in mind principally its local effect on the respiratory tract and give only little thought to its action on other and just as important organs. I might mention many serious and often fatal diseases other than thoracic brought about by its specific poison, as, for instance, cererbro spinal meningitis, which is frequently met with during epidemics of this disorder; also many diseases of the nervous system and of the eye and ear. I wish, however, to draw attention in this paper to the danger of the pregnant uterus from the invasion of this poison. I have seen recently two cases of abortion from this cause, one of the period of two months, the other somewhat over five months, each patient suffering from Grippe influenza and death accrued in each case. One patient was sick about three days before uterine action set in, the other about four days.

Now it is worth investigating the direct cause of these foetal deaths and subsequent abortion if we can. These two cases were very distressing to all concerned. They both being blooming young mothers when they were taken with their fatal attack of Grippe.

In the progress of the disease not very high fever was developed. The average during the attack in both was about 102 $\frac{3}{4}$, and the highest just before death in one was 104 $\frac{1}{2}$ and the other 104 $\frac{1}{4}$. No pneu-

monia developed in either case. Their principal complaint being usual pains in the muscles of the limbs, and the headache, there was suffusion of the eyes and slight throat symptoms with mild cough no doubt from bronchial irritation. Each mother died with evidence of acute endometritis and symptoms of toxic influence on the heart. It is singular but in a short time after the expulsion of each foetus the temperature fell nearly two degrees, but after a short while regained what it had lost and in fact went higher until death occurred,

We know, of course, that there are many diseases that can cause the death of the foetus and subsequent abortion as syphilis, smallpox, phthisis, typhoid fever, pneumonia and others and as all of these cause fresh constitutional derangements it may be readily understood how the living life within the uterus must suffer accordingly, generally all diseases accompanied with high fever if at all prolonged are pretty sure to cause intrauterine death and premature delivery.

In a recent article by Dr. McPhatter who has gone extensively into the causes of Foetal death he quotes from Kaminsky of Russia who saw no less than eighty cases of typhoid fever accompanied by pregnancy and who noted the Foetal heart and other conditions during the progress of the sickness and found that when the temperature was but slightly elevated, no perceptible effect was noticable but when the body heat rose to 104 or over there was a distinct disturbance of the foetus amounting at times to tumultuous action and whenever the temperature went to 108 they ceased entirely and the child died and later was expelled from the womb. Of course at such high temperatures, particularly around 108, human life cannot be maintained but for a very few hours and must die long before that degree is reached. This same author speaks of the high fever of scarletina and

pneumonia as very likely to cause abortion and thinks that the severity of the cough of the latter with the rise of fever causing certain constitutional derangements "with their various reflex disturbances of the maternal circulation and an accumulation of carbonic acid in the blood" are all very fatal to the safety of the foetus. In regard to pneumonia I may say in passing that it is my belief that the poisoning from the pneumococcus is the principal cause of death as it poisons the blood stream by its specific microbe, and is some evidence in elucidating the deaths in these cases of Grippe. I have given these views in regard to high body heat and their influence on the pregnant womb with some hope of an explanation of the abortions caused by Grippe, still apparently there is more than the high fever alone to account for in these cases, the specific poison of the disease itself must not be lost sight of and which is very virulent as we see in some instances, being rapidly fatal. When the nervous tissues are involved, and its effect upon the whole constitution is sometimes so bad that a patient is hardly ever the same after having an attack. Now this poison is quite capable of affecting through the blood stream the foetus in utero, and whether it poisons and kills the child in this way directly, or sets up a form of inflammation of the endometrium inimical to the life of the child is difficult to decide. Although there is no actual or direct circulation between mother and child, the placenta as we know performing the office of an elaborator of the blood and of nutrition. Yet we know and it is well established that disease can be transmitted from parent to offspring and that if the blood of the parent is impure from any source either from herself or that which might be received from any other poisonous cause the foetus nourished by such blood must necessarily be exposed to more or less danger. In the cases men-

tioned I would like to say in regard to their treatment that no drug like quinine was administered. That antiseptic and supporting treatment was used from the beginning and careful nursing added to all but without effect as the poison of the disease overwhelmed the heart in both instances.

New York City.

MIXED INFECTION—MEASLES AND SCARLETINA.

BY R. A. TOMS, M. D.

Measles and Scarletina, can both of these diseases exist under full development in a child at the same time. Before entering into any discussion as to possibilities from a physiological or a pathological standpoint, I will describe a case which coming under my observation furnished the excuse for this article.

On Monday, March 11, I was called to attend a child two and one-half years of age who was said to be suffering with the measles. Upon arrival at the house I obtained the following history from the mother: The previous Friday night the child went to bed in apparent good health but during the night was taken with vomiting and seemed feverish. In the morning the mother noticed several spots on the face and sent for a physician in the immediate neighborhood. Upon his arrival the doctor made a diagnosis of measles and went away. The next day he called again apparently saw no reason to change his diagnosis, said she would soon be all right and that he would not call again unless sent for. The next day I was summoned and upon my arrival at the house found the following conditions present: Eyes suffused, intolerance to light very marked, catarrhal symptoms very pronounced, slight hacking cough, throat normal, temperature 102° F. No rash on face but chest and abdomen covered. On passing the hand over the rash

a rough shoty feeling was noticable to my mind characteristic of measles. The secretions seemed active. No change was noticable in any of the conditions until the following Friday when the roughness of the rash had disappeared and a diffused redness was present. Temperature then 102.6 and a fine desquamation appeared in the folds of skin beneath the chin. On Saturday the family being somewhat worried, Dr. B. was called in consultation. Upon stripping the child we found the rash covering the entire trunk and part of the extremities and very characteristic of scarletina. The glands of the neck were slightly enlarged. Temperature 102.8. There was a slight puffiness of the hands, also beneath the eyes. Examination of the urine revealed nothing abnormal.

The temperature continued fluctuating between 101.6 and 102.8 until the thirteenth day, when it commenced to decline and on the sixteenth day it was normal. On the tenth day a five-year-old brother developed a typical case of scarletina. The rash entirely differed from the previous case at the commencement. The boy's temperature did not at any time get above 101.6. He had no catarrhal symptoms whatever, no suffusion of the eyes and sore throat was pronounced. This case ran a typical course and there was a normal temperature on the eighth day. Both cases are now convalescing without other complications.

New York City.

Hot water is an excellent narcotic, if taken half an hour before bed-time.—
Medical Summary.

In spasmodic stricture of the urethra, in spasms of the ureter, in spasms, or in the tenesmus of dysentery, we have no remedy superior to full doses of gelsemium.—
Medical Summary.

NEPHRALGIA AND RENAL STONE.

BY WILLIAM J. KRAUSI, M. D.

Read at the meeting of the Eclectic Medical Society of the City of New York.

To properly differentiate between Nephralgia and Renal Calculus requires all the acumen, care and possible concentration to minute diagnostic details.

Many mistakes in diagnosis have been made in the past and are being made to-day.

With the recent advances in microscopy and urinalysis, we ought, however, to be able to make a positive diagnosis in at least 99 per cent. of all cases.

A neuralgia of the kidneys is generally manifested by a severe pain in the region of the kidneys or over the loins, which pain is sometimes periodic, at other times continuous, with or without exhaustion, and without any important morbid changes in the urine.

Although most text-books state that the cause is of purely neurotic origin and due to an irritation of the anterior lateral parts of the spinal cord, my experience has been to the contrary, that the cause in most cases can be traced directly to the kidneys, which are either affected through rheumatism, gout or malaria.

As a matter of fact I have found that malaria is a most potent factor in the production of Nephralgia, and I have cured a great many cases of this condition by the administration of anti-malarial remedies.

In many instances Nephralgia is confounded with renal calculus.

The diagnostic points in renal calculus, and upon which reliance can be placed are the seat of the pain and the radiation of such pain, the presence of tender spots in the lumbar region, urethral involvement, tingling or pricking pains in the external genitals, the character of the urine—whether acid or alkaline—change in the

quantity of the urine, presence of albumen, blood, pus or morphological characters.

Many authorities, particularly in older works, lay great stress upon the suppression of the urine as being alone of diagnostic value.

The suppression or increase of urine has but little value as a differential diagnostic point, as this symptom, in many instances, is present in both conditions.

Inflammation or irritation of the bladder has no great diagnostic value, unless the examination of the bladder leads to the detection of a stone.

In a few cases it has been my experience, when strictures were present in the urethra, or where there was a hypertrophy of the prostate, causing a partial suppression and dilatation of the bladder, a semi-retention was caused in the calix, producing severe Nephralgia, which disappeared upon the removal of the stricture or the reduction of the hypertrophic prostate.

The exact diagnosis of renal calculus is difficult, but, with rare exceptions, it can be made by a careful differentiation of the symptoms. The presence of pain in the region of the kidney, even though it were localized, would not warrant an operation.

Blood in the urine is of considerable diagnostic value and may be the only indication of renal calculus.

However, when blood in the urine has been detected, the origin of the blood must be determined beyond a doubt, as it may be due to malignant disease in the urinary tract, the kidneys or the adjacent organs.

Pus in the urine, the reaction of the urine being acid, points to a pyelitis, which may be caused by stone or otherwise; still pus may be the only symptom present to indicate a renal calculus.

Pain in the loin, which may be either diffused or localized over the posterior or spinal kidney region, is of considerable

diagnostic importance. An important symptom of renal calculus is renal colic.

Other symptoms of importance are vomiting, shivering, diarrhoea.

Abnormal temperature, even though very slight, increase be only discoverable, is always present in a prolonged case of renal calculus.

An increase of temperature may also be present in Nephralgia, but this is caused by the nervous reaction and is periodic with the neurotic manifestation, while in renal calculus it is continuous.

An important point to keep in mind in the diagnosis of renal calculus is the importance of ascertaining whether a stone be present in both or only in one kidney.

This can be demonstrated, in most instances, by collecting the urine separately from each ureter.

The prognosis in Nephralgia is always favorable.

The prognosis in renal calculus is not, as a rule, unfavorable, but it may be grave, if:

1. There is a renal tumor with blood or pus in the urine, or when a perinephric abscess has formed.

2. Where pain is persistent in spite of medical treatment and the patient's strength is seriously impaired.

3. Where there is persistent hemorrhage.

4. When there is complete suppression of the urine.

5. When a large perinephric abscess has not been recognized until pyemic symptoms are manifested, with general loss of vitality and the presence of anæmia.

6. If both kidneys are impaired, which is generally indicated by a diminution of the amount of urea excreted.

Surgical interference is indicated when any of the above conditions are present.

The medical treatment may be divided into two kinds, that is to say solvent and expulsive.

The solvents occupy the foremost position.

Those having a positive value are pure and distilled water, the alkalies and the alkaline mineral waters.

My experience has taught me that the persistent use of distilled or spring water has most value in the treatment of renal calculi.

The inference that water has solvent action upon uric acid stones only is not correct, at least I have not found it so.

The assumption that calculi of crystalline basis are impregnable to water is not proven by either clinical or scientific experiment.

I think that the greatest of all solvents is water, whether it be given as a solvent in calculi or for the elimination of any other byproduct in the human economy.

Our materia medica is very rich in expulsives, or what more properly may be termed "solvent expulsives."

Epigea repens, Hydrangea, Uva Ursi, Chimaphila, Santal Wood, Belladonna and a host of others may be mentioned in this class.

Yet I must reiterate, that in my opinion the administration of drugs without the help of pure water is of little if any value.

Piperazine and lysidine, reputed powerful solvents of uric acid were of doubtful value in my hands.

New York City.

EXPERIENCE WITH ARSENAURO.

BY O. A. HYDE, M. D.

About three years ago Mr. P., who had for many years been troubled with a large dilated heart, was attacked without premonitory symptoms by cerebral hemorrhage, or apoplexy.

Left hemiplegia and facial paralysis on right side resulted, with faulty articulation.

The usual treatment was given for a time. When the most severe symptoms

were relieved, excepting those of the arm which still remains paralyzed, he was put upon a treatment of "Arsenauro" which was continued for many months, the medicine being discontinued for short intervals from time to time.

He regained such use of the affected leg and such general tone and strength that in the summer of 1900 he was able to walk three or four miles with but little fatigue.

Arsenauro seemed to act both as tonic and alterative.

My patient was so benefitted by it, in general well being, that he regretted any discontinuance of the medicine.

New York City.

"CARBUNCLE AND ECHINACEA."

BY ARTHUR R. TIEL, M. D.

Early on the morning of March 2nd I was called to the house of Mrs. A. The call was by telephone and imperative a patient was reported seriously sick. No time was lost in reaching her residence, and to my surprise found her sitting in an easy chair, instead of her bed as I had expected. Mrs. A. is about 60 years of age. My attention was called to Mrs. A's upper lip which was red and swollen with a small dark point at its center. She informed me that she felt nothing of it until the afternoon of the day before, when she experienced a slight itching and smarting about it, and then noticed a small pimple just under the nose, which she picked with a needle; a little bloody serum exuded, and at that time she was not apprehensive, as she thought it to be an inoffensive pimple. The needle picking, however, did not seem to relieve her, as the swelling increased quite rapidly, and the discomfort from the itching and burning with considerable pain shooting through it, prevented her from closing her eyes all night. The lip now stood out quite prominently, being hard and indurated, with a small dark spot under the

nose in the center of the lip, the peripheral zone being deep scarlet, and the surrounding tissues œdematous, reaching on either side to the checks. Temperature 102, pulse 80. Her family were exceedingly anxious about her, and were all present to hear my diagnosis. Mrs. A. was not a woman to be easily frightened, and insisted on knowing her trouble. I was not at this stage positive in my diagnosis, and so informed them, suspecting it to be either anthrax (malignant pustule) or carbuncle. I informed them, however, that my treatment would be the same in either disease, and expressed a confidence in the remedies I should use to check the trouble. Having had some experience with *Echinacea Augustifolia*, in a case of carbuncle on the neck, and relying upon it also from experimental knowledge as being one of the best remedies in our armamentarium as an antiseptic and specific in depraved conditions of the blood.

I at once marked out the line of treatment as follows: *R. Echafolta* ʒii.

M. Aqua ʒii.

Take one teaspoonful every hour. Also *R. Echinacea Augustifolia* ʒii.

Aqua ʒii.

Apply on absorbent cotton, wetting every two hours—also to use freely as a mouth wash.

I watched the case very closely, calling several times each day, for three days, and although she suffered considerably from pain and inconvenience from the swelling there was no fever after the first day, and the œdematous swelling, did not extend beyond that seen at my first call. The deep scarlet gradually became more and more circumscribed, until there appeared on the 3rd day four necrotic points. The treatment to this time had continued as we began, and was not changed now excepting hot fomentations of flaxseed to be applied during the day time, and the *echinacea* solution at night. Her improvement was quite rapid. From time to time

I removed four good sized necrotic plugs, and was a little fearful that from necrosed tissue an ugly scar would follow. My apprehensions, however, were groundless, for it will be seen that the old method of the crucial incision, or that of excision cut no figure in this case, and necrosed tissue was the result purely and only of disease, and not of the knife. I discharged her with the lip nearly healed, in 11 days, and at this date, just one month from its inception, there is but a slight scar to mark the spot of this serious ailment. Before closing this paper and the more thoroughly to accentuate this wonderful remedy as a specific in this line of cases, I will mention another. Mr. B., aged 55, came to my office in March, 1899. He had a large swelling on the back of his neck, about two inches in diameter, red and painful, of boardlike hardness, and exceedingly tender, the skin being tightly drawn and immovable over the subcutis. He had been unable to sleep for several nights. A small stick of caustic potass was applied over the tightly drawn skin, until it was dissolved. I then applied a solution *Echinacea Augustifolia* $\frac{5}{ii}$. to water $\frac{5}{ii}$. and directed him to apply warm poultices of flaxseed when he should arrive home, bathing the carbuncle as often with the *Echinacea* solution as he should change the poultices, also gave him 20 drops *Echinacea* every two hours. He called at my office three times afterward, eight necrotic plugs being removed. For the healing after treatment in these cases, I used Mayers ointment, which I have made for years, and term Brown Antiseptic, the formula for which may be found in Eclectic American dispensatory. About the time that I was treating Mr. B., a prominent citizen of the town was reported to be suffering from a carbuncle, also upon the neck. He, however, was treated in an hospital, and undoubtedly received the most regular, and scientific treatment. On account of his prominence,

bulletins occasionally appeared in our daily papers, and we learned from time to time of successful operations being performed in his case, and then again would hear that he could not recover. He weighed when taking sick over 250 pounds and gradually lost his flesh until his weight was less than 100 pounds. He has since informed me that the knife was freely used. After being away from his business about eighteen months, going through all the stages of blood poisoning, is now a physical wreck, doomed to crutches the rest of his life. Although congratulations are showered upon him now that he has come through it all with his life. From our point of view, we would charge not so much the diseased carbuncle as being responsible for his long illness and present condition, as we would to method and manner of treatment that he received.

Matteawan, New York.

SKIAGRAPHY, AND THE OPEN TREATMENT OF FRACTURES.

By G. W. BOSKOWITZ, M. D.

Read at the Meeting of the Eclectic Medical Society of the State of New York, Albany, April, 1902.

In no department of surgery has the application of the X-ray been of more service than in the diagnosis and treatment of fractures. By its means the exact line of fracture can be easily seen and studied. Consequently, the proper means can be more easily adopted for its relief, and even where a fracture has been dressed one can decide whether it has been properly reduced, for many fractures seemingly well reduced, and properly dressed, by it are shown to deviate very much from the natural lines of the skeleton and when we consider the great benefits to be derived from the open treatment of many of these conditions, we are brought to a thorough realization of the benefits of the X-ray examination—for

all doubt is removed and an exactness, never before obtainable, is the result of its application. Its use should never be neglected when possible to obtain it.

In the treatment of fractures three points stand out prominently as of the utmost importance, namely, the rapid and proper reduction of the fracture, exact opposition of fractural ends so as to re-establish perfect contour and a proper retention of parts in position until healing takes place. In many cases this can be accomplished without resort to the open method, but in complicated fractures, those near the joints, multiple fractures, etc., something more is necessary than splints and bandages to properly hold the ends of broken bones together. By means of a skiagraph, the exact condition is brought before you, and you can cut down upon the seat of fracture, reduce it, and suture the ends together, and be reasonably sure of a perfect result.

For many years we have been taught to consider open fractures as very severe and dangerous and so they were before the advent of antiseptic and aseptic surgery, but by a strict observance of the rules of modern surgery, there is no danger in exposing the broken end of the bones, and accepting the advantage of being able to hold the bones by sutures or other means in proper position. Dr. John B. Roberts of Philadelphia has written largely on this subject and in his notes on the modern treatment of fracture published a few years ago by Appleton & Co. he sums up the advantages of this, the open treatment, in so forceful and clear a manner that I quote it in full: "The exact lines of separation can be seen and the significance of lines of comminution in relation to subsequent reconstruction can be fully appreciated.

Coaptation need no longer be guessed at by the sensations imparted to the examiner's fingers, separated as they are from the bone by varying thicknesses of

muscle, fat and skin. The fragments can be accurately fitted together, torn periosteum replaced, and muscular and facial bands, nerves and muscles disentangled from undesirable positions between the pieces of broken bone. This prevents deformity by permitting restoration of normal contour of the limb and lessens occurrence of non-union, neuralgia, atrophy and ankylosis.

When the osseus, muscular and vascular relations have been restored, they can be perfectly maintained by the application of sutures, pegs, nails, screws or ferules to the bone and sutures or ligatures to the muscles, nerves and vessels.

The pain, due to extravasation of blood, rapid inflammatory exudation, or traumatic synovitis, is relieved by the removal of the clots, and leaking out of exudation and synovial fluid. The interstitial pressure caused by extravasated blood and exudate has often heretofore caused surgeons to split the skin and deep fascia by long incisions, in very bad fractures, in order to avert threatened gangrene. A similar relief of tension in less urgent cases will undoubtedly lessen pain and suffering, though such operative treatment would ordinarily not be adopted.

The incisions employed to uncover the fractures are therefore indirectly of value as relievers of pain.

Pain is also lessened, in the few cases requiring direct retentive apparatus, because the sutures, nails or screws prevent motion between the fragments better than external splints. Muscular spasm or incautious movement has therefore little opportunity to cause suffering.

Fat embolism is probably less likely to occur in fractures liable to its occurrence, if early escape of the fatty debris is permitted by incision.

Ankylosis from faulty position of fragments, irregular formation of callus due to stripped-up periosteum, and gluing down of tendons, will seldom occur after the

fracture has been disclosed to the scrutiny of a competent surgeon.

Repair of the broken bone and functional restitution of the surrounding tissues occur more rapidly than when coaptation is imperfect, or when damaged muscular and other structures are left to the unaided efforts of nature. Improvement of digital movements after fractures is probably often due to coincident rupture or laceration of muscles, which might have been repaired by suturing with catgut, if the surgeon had known of the existence of the complication. The aseptic wound affords him this opportunity, and afterward usually heals so rapidly that it is of no disadvantage to the patient's period of convalescence. This early restoration of wage earning capacity is of great value to many patients.

It not infrequently happens that a closed fracture seems to have been well set, and to have little deviation from the normal; and yet the patient has lost some of his availability as a machine. This is most likely to occur in the lower limb which, during locomotion, carries the entire weight of the man. A slight change in the axis of a bone or in the plane of an articulating surface may perhaps throw the weight upon the hip, knee, or ankle in an abnormal way, and induce a considerable and ever increasing disability. This contingency is usually avoidable after the accurate inspection of the injured bone permitted by uncovering the fracture by an incision."

I have here a few skiagraphs that have been kindly loaned to me by Professor Waite of the Waite and Bartlett Manufacturing Company. They illustrate better than any words of mine possibly could the advantages spoken of in this paper.

New York City.

Mercuric bichloride in 1.40 of a grain doses, produces good results in purpura hemorrhagica.—Medical Summary.

VALEDICTORY.

BY HANS HARRIS, M. D., CLASS 1902.

Delivered at the Commencement of the Eclectic Medical College of the City of New York.

Mr. President, Members of the Faculty, Ladies and Gentlemen:

It is with a strange and almost indescribable sentiment that we realize that our student days have come and gone. The cycle of years has rolled on almost imperceptibly since that eventful day when we entered upon our college course, and to-night, as we see our endeavors crowned with success, we stand as in a dream, hardly daring to believe that all is true. Yet, if we pause for a moment to reflect, four years of constant study, rich alike in successes and reverses pass before our minds. The dawn of the new century is as well for us the dawn of our professional career. Henceforth, we must participate in the onward march of science, and yield our quota to the important events which are sure to follow.

To-night, dear friends, as we go forth from under the sheltering wings of our fond alma mater, we wish to express our thanks to the many friends who have so nobly stood by us and encouraged us while we as fledglings were striving to prepare ourselves for the battle of life.

To our college, we bid a fond farewell. We have indeed enjoyed the many pleasant hours spent under her hospitable roof. We are perhaps one of the last classes to go forth from the old building. For her we wish the success she so richly merits, and which is so surely destined to be hers.

To our honored faculty, the class of 1902 desires to express its sincere gratitude for the able manner in which you have instructed us, for your tireless patience, for each kind act and thought, for each encouraging word. We feel we owe all to your wholesome influence and your high example, and we know that in following in the light of your teaching, we cannot go astray.

To the undergraduates, we wish that success will beam upon you when each in turn shall reach the goal of his ambition. With regret do we sever the bonds of companionship so closely tied between us through long years of constant association. May you emulate our best examples and highest standards, and may kind oblivion erase from your memory our many failures and shortcomings.

Beloved classmates, we stand to-night at the parting of the ways—a heartfelt Godspeed, a brief farewell, and each must travel alone along his chosen path. Yet fond memory will ever and again recall the happy days as, hand in hand, we traveled together along the highway of study. Let us strive to be worthy of the alma mater whose proud name we bear, and when at last the sun of our earthly existence shall set, may we each and all answer to the roll-call in the land of the hereafter where parting is unknown.

THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

SUMMER COMPLAINT.

The season of summer complaint rapidly approaches. If thoughtfully reviewed, possibly our last year's experience might help us to become more successful in the treatment of diseases incident to hot weather. What did we do and what remedies did we use in our successful cases? What did we not do and what approved remedies did we fail to employ in the cases of little children who finally joined the angels "away over there?" These are the questions which should furnish food for thought. We must think

of our failures as well as of our successes. It will never do to dodge the failures—they often teach important lessons.

In diseases of children quinine inunction sometimes constitutes an important part of a good treatment. Thoroughly mix ten grains of quinine with a tablespoonful of lard, and have the child rubbed with the mixture twice a day. Many children have been saved by this application. Their feeble lives could not otherwise have withstood the combined assault of diarrhoea and infantile remittent fever. Periodicity is the indication calling for quinine inunction, and it will be seen in many cases of infantile anemia, cholera infantum, dysentery and diarrhoea. Don't say that its action is purely mechanical, for it is a rock-bound fact that quinine and lard are readily absorbed by the skin. This is a good thing to remember, as we shall need all means at our command. Eclectic remedies are rich in the saving power required in these cases, and if we become thoroughly conversant with their virtues we are certain to have a gratifying degree of success.

The following are a few of the remedies most likely to be needed: Acid sulphurous, aconite, aqua calcis, arsenic (Fowler's solution), baptisia, belladonna, subnitrate of bismuth, bryonia, carbo-veg., cuprum arsenitis, castor oil in small doses, ferrum phos., gelsemium, geranium, hydrastis, ipecac, kali mur., sulphate of magnesia, nux vomica, podophyllin, rhus tox., syrup rhei et potass. comp., white liquid physic and opium and starch water as an enema.

THE METRIC SYSTEM.

The editor of the *Medical Brief*, in referring to the bill which has been introduced into Congress to make the metric system the legal standard of weight and measure in the United States, gives expression to sentiments which should meet with the approval of every American

citizen—native or adopted—who believes in true and independent Americanism. He says:

"We do not want the metric system. It is bad enough to suffer from the fads produced by Continental Europe, apparently for the benefit of American health boards, as they are not taken seriously at home, but to legalize the metric system, something so foreign to the English-speaking race, passes endurance.

"There is no especial advantage to this country in adopting the metric system. There is not one single scientific reason why we should substitute it for our own. There is nothing to gain. The metric system is much more complicated than that now in use. Calculations based on it are more liable to contain errors. It is not adapted to our way of thinking and computing. If the medical profession tries to jump suddenly from one system to another, we shall kill at least twenty thousand people before we become accustomed to using the metric system.

"The bill to introduce the foreign system is only another attempt to Germanize America. Foreigners in America, unwilling to learn our ways, and absurdly certain that theirs are infinitely superior, want to use the enginery of law to make their new environment conform to their native land.

"Now, that is all very well for the foreigner, but he is in the minority. Besides, the Americanized Germans are finer men in every way than the home-made product. We have no better citizens, or abler physicians, than the Americanized German, who, while preserving his native virtues, has broadened politically in our free atmosphere, until he has lost that meddlesome fondness for regulating everything and everybody.

"The Americanized German is a practical proof that America is all right as she is, and can not do better than to proceed along Anglo-Saxon lines of development,

through the use of Anglo-Saxon methods and standards.

"As to our foreign markets, the metric system will neither help nor hinder us. If we do not adopt his system, the foreigner will be compelled to familiarize himself with ours. England and America practically control the world's markets, because the most progressive and wisely economic of all nations. Our wares give the most satisfaction—that is the chief thing.

"We do not want the metric system. Set your fist against it."

SCURVY IN INFANTS.

A well marked case of scurvy is readily recognized, but many atypical cases are found. Scurvy in infants is frequently mistaken for acute articular rheumatism. As a point in differential diagnosis Dr. H. A. Hare has recently mentioned the fact that articular rheumatism is extremely rare in the first five years of life. He also describes three cases of scurvy, the first in which the child cried bitterly every time it was moved, particularly if the movement involved a change in the position of the back. An orthopedic surgeon believed that it was a case of spinal disease, and a line of mechanical treatment was employed. No benefit was observed, but after a time scurvy was diagnosed, and under proper treatment the child recovered. His second case also presented similar symptoms of spinal trouble, but careful examination of the child revealed the fact that its gums were slightly spongy, and no evidence of disease in its spine, joints, or head could be demonstrated, the diagnosis of probably scurvy was made, and cure rapidly followed the treatment instituted. The third case was that of a child who suffered at the end of its first year with almost complete paraplegia. It was plump, but pallid, and its gums and mouth presented the characteristic scorbutic symptoms.

This child had been fed upon the best cow's milk with the addition of well known form of artificial infant food, and scurvy had not been considered possible. However, under the proper dietetic regimen a speedy cure followed with total disappearance of all the paraplegic symptoms. I also call to mind a case of scurvy in an infant which was diagnosed by an able physician of long experience as spinal disease and sent to a New York specialist for treatment.

The essential character of scurvy consists in perverted nutrition, and ordinarily dietetic treatment alone will be sufficient to remove the abnormal condition, but lemon juice, vegetable bitter tonics and mineral acids may be needed. Fruits and fresh vegetables should constitute a part of the dietetic treatment.

ECLECTIC CLUB.

An American Eclectic Materia Medica Club has been organized in Chicago. Its officers are Eli Wight, M. D., president; E. J. Farnum, M. D., vice-president; A. W. Smith, M. D., 748 S. Spaulding avenue, secretary. The following letter from Dr. Smith fully explains the objects of the Club:

John W. Fyfe, M. D., Dear Doctor: We have organized "The American Materia Medica Club" in order to make an exhaustive study of the indigenous remedies. * * * * We will begin to publish in the *California Medical Journal* in September. Eight pages as the leaves of a book will be published monthly. No one is paid for his work. Our club is not for profit except the reward of having a great work produced by Eclectics the country over. The *California Medical Journal* is published at one dollar to members, and one dollar fee covers other expenses—now the publication of 1,000 extra copies. Our plan is to have monthly meetings here, where essays and correspondence, with

discussions, constitute the programme, a copy of which is forwarded from one member to another.

Yours fraternally,

A. W. SMITH, M. D.

Chicago, Ill., May 10, 1902.

TELA ARANEÆ.

Common Name.—Cobweb, spidersweb.

Description.—The *Tegenaria Medicinalis* is the species of spider from which this substance is obtained. "They are found in angles of walls, corners of fences, old houses, barns, etc., where they weave a large, angular, horizontal web, at the upper part of which is a tube in which they keep themselves perfectly at rest, until the web has ensnared a fly or other prey. The field spider's web is said to be of no account medicinally, while that of the house spider is considered very useful." A liquid prepared from the web which has been protected from the weather yields the medicinal principle. It is prepared by various processes.

Dose.—Specific medicine, 1 to 10 drops.

Usual Prescription.—℞ Tela Ara., gtt. xxx to ʒii, water, ʒiv. M. Sig. Dose one teaspoonful every hour to every three hours.

Indications.—Protracted chilliness, especially if periodical in its nature; protracted clammy chilliness of the skin; numbness of the extremities, especially if attended by chilliness; dry, nervous coughs; periodical headaches; morbid wakefulness and restlessness; muscular spasms; convulsive twitchings of the tendons of the hands and feet; delirium.

This agent is said to have cured intermittent fever after all other remedies had failed to beneficially influence the disease. It has also been used with success in various nervous affections.

Tela Araneæ is sedative, antispasmodic and febrifuge.

XANTHIUM SPINOSUM.

Common Name.—Spring Clot-burr.

Natural Order.—Compositæ.

Part Used.—The herb.

Description.—This weed has an annual stem from one to three feet high, which is much branched and armed with numerous spines. The leaves are entire, or have two teeth, or often lobes, near the base. Its flowers are small. The fruit is a rough oblong burr, armed at the apex with a short beak, and densely covered with hooked prickles.

Dose.—Fluid extract, 15 to 30 drops; specific medicine, 1 to 15 drops.

Usual Dose.—5 to 10 drops.

Indications.—Nervous excitement attended by sweating; periodicity accompanied by sweating; acute and chronic cystitis; sensation of weight in the region of the bladder, with passage of minute calculi; frequent urination, with excessive discharge of mucus.

In malarial conditions this agent is frequently employed to prevent the recurrence of chills when they have been broken up.

In reporting the case of a child of a "hemophiliac" family, who had bled for five days from a wound of the mouth, and whose bleeding was finally checked by the actual cautery, after other usual methods had failed, Dr. Caille calls attention to the successful use of alum solution and ten per cent. antipyrin solution. The doctor also mentions the fact that in the new-born persistent hemorrhage from the navel, stomach or intestines is occasionally met with, and says that while the navel can sometimes be effectively transfixed, he has no knowledge of recoveries of new-born children after they have lost a pint of blood.

Salina, Kansas, April 30, 1902.

Dr. J. W. Fyfe, Dear Sir: It might be well in passing upon the good qualities of

Echinacea Augustifolia to also remember that it will produce pain in the "small of the back" (that is, across the kidneys), especially in persons who are prone to such pains. It will also make worse a cough coming from an irritable pharynx and cause a patient with pharyngitis to cough more frequently. I have reference to its action in doses of eight to twelve drops of the specific medicine or fluid extract.

Fraternally yours,

I. E. LAYTON, M. D.

In speaking of the early diagnosis of tuberculosis Dr. H. P. Loomis says: "The physician should never neglect to listen at the root of the lungs where the smaller bronchi are given off. It is in the smaller bronchi that the tuberculous processes usually begin. Auscultation of the root of the lung may be practised to best advantage by having the patient put the palm of his hand on the opposite shoulder. This raises the scapula and exposes a portion of lung that is often affected in incipient cases of tuberculosis, before other parts show any sign of the affection. Physical signs will often be found here long before bacilli occur in the sputum."

Some surgeons give five to ten grains of chloride of calcium three times a day for several days before operating on a patient with hemorrhagic tendencies.

Potassium permanganate can ignite glycerine or alcohol and detonates when rubbed up with confect. rosæ. An unlucky apothecary attempted to dispense the following:

R

Potassium permanganate, 10 parts.

Alcohol, 10 parts.

Distilled water, 15 parts.

Scarcely had the bottle been corked when an explosion took place, and the

boiling liquid spurted into the face of the surprised pharmacist. He nearly lost the sight of one eye, and was disabled from work for more than a month.—*Dr. Walter G. Smith.*

THE LADIES' AUXILIARY OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The Ladies' Auxiliary of the National Eclectic Medical Association was organized June 20, 1901, at Chattanooga, Tenn.

The object of this organization is to increase the social feature of the "National" meetings, bring the members, especially the ladies, in a closer relationship, thereby making all present each year, feel welcome, assist in furnishing entertainment for the meetings, increase the attendance and in every way possible promote the interest and welfare of the National Eclectic Medical Association at its annual sessions.

We hope the wives, daughters and sisters of the National membership will interest themselves in the Auxiliary and give it their hearty support and influence, thereby increasing its usefulness as well as membership. We desire to make a creditable showing at the public meeting in Milwaukee, in which we are to have a part. This meeting will be held in the parlors of the Pfister Hotel, Tuesday evening, June 17, and will be informal.

Ladies, make up your mind to join the Auxiliary and send your name at once to our secretary, Dr. Ethyl H. Richardson, 835 Cedar street, Quincy, Ill., and she will enroll you as a member. If you desire one of our Auxiliary pins, so state and one will be forwarded to you. Price one dollar.

Indications all point to a pleasant and profitable meeting at Milwaukee. Come and be one with us.

MRS. E. LEE, STANDLEE,
Dr. Ethyl H. Richardson, President.
Secretary.

THE NEW ENGLAND ASSOCIATION MEETS.

The eighth annual meeting of the New England Eclectic Medical Association convened at the Allyn House, Hartford, Conn., on Tuesday, May 13, 1902. Owing to the illness of the president, Dr. W. F. Templeton, of Glover, Vermont, the presidency of the meeting devolved upon Dr. E. M. Ripley, of Unionville, Conn. In the absence of Vice-President Ripley, at the opening session Tuesday, ex-President Dr. T. J. Batchelder, of Machias, Me., was called to preside. The business of this session was largely of a routine character, including the report of the board of censors, election of members, etc.

At the appointed hour Wednesday morning the real work of the session began with Vice-President Ripley, who by the way is an ideal presiding officer, in the chair. Since its reorganization under its charter in 1897, Maine has been fully represented at all its meetings and the representation of the Pine Tree State at this meeting fully maintained the reputation already attained. Numerous letters of regret were received from those members unable to attend, and not a few contained generous donations which materially added to the financial resources of the association.

The secretary's report showed an acquisition of ten members during the past year with one death, making a net gain of nine members. The financial standing of the association, as shown by the treasurer's report was eminently gratifying to members and friends of the organization. Among the papers read Wednesday forenoon was "External Use of Bovinin," by Dr. Frederick H. Williams, of Bristol, Conn., which contained much interesting data.

Dr. Ripley at this juncture called Dr. Stephen B. Munn, of Waterbury, Conn., to the chair and then read an exhaustive

essay on the subject of compulsory vaccination which evinced deep thought and extensive research. At its close, a vote of thanks was tendered Dr. Ripley for his scholarly and interesting paper. This essay elicited an animated discussion in which a large number of the members present participated.

Upon vote, the chair appointed a nominating committee consisting of Dr. T. J. Batchelder, Machias, Me., Dr. H. Reny, Biddeford, Me., and Dr. R. E. S. Hayes, of Hazardville, Conn., to present a list of candidates for officers for the ensuing year. The committee submitted the following report which was duly accepted:

For president, Henry Reny, M. D., Biddeford, Me.; first vice-president, Edwin Morgan Ripley, M. D., Unionville, Conn.; second vice-president, Alfred Horace Flower, M. D., Boston, Mass.; third vice-president, Thomas Mulligan, M. D., New Britain, Conn.; recording secretary, William Collins Hatch, M. D., New Sharon, Me.; treasurer, Algernon Fossett, M. D., Portland, Me.; corresponding secretary, Sylvia Apphia Abbott, M. D., Taunton, Mass.; librarian, Herschel Napoleon Waite, M. D., Johnson, Vermont. Censors: Drs. T. J. Batchelder, Alonzo D. Muchmore, John A. Donner, Frank W. Snell, Wilbur F. Templeton and Stephen B. Munn, all of which were duly elected.

The hour assigned to Dr. Alexander Wilder, of Newark, N. J., for the delivery of his address on "The Serpent in Religion and Medicine" having arrived, business was suspended and he was called to the floor. For upward of an hour Prof. Wilder held the closest attention of his audience by an able and scholarly presentation of this interesting subject.

So replete was the program with excellent papers that it was found necessary to read many by title, among them being "Inversion of the Matrix," by Dr. Frederick W. Abbott, Taunton, Mass.; "Our Eclectic Materia Medica," by Dr.

Herschel N. Waite, Johnson, Vt.; "Rational Treatment of Septicemia," by Dr. Alfred H. Flower, Boston, Mass.; "The Circulation," by Dr. Stephen B. Munn, Waterbury, Conn.; "Viburnum in Pregnancy and Uterine Diseases," by Dr. Henry Reny, Biddeford, Me.; "Eclecticism: Its Claims Compared with Other Systems of Medical Practice," by Dr. Algernon Fossett, Portland, Me.; "Flushing the Colon," by Dr. William Collins Hatch, New Sharon, Me.; "Puerperal Eclampsia," by Dr. Sylvia A. Abbott, Taunton, Mass.; "Lobelia Inflata," by Dr. Percy L. Templeton, Montpelier, Vt.; "A Case of Blood Poisoning from Vaccination Treated With Echinacea," by Dr. George A. Faber, Waterbury, Conn., etc., etc., all of which will be duly published in the official organ of the association. The association voted to hold its next annual meeting in Portland, Me., after which President-Elect Reny was escorted to the chair and introduced by Dr. Batchelder, of Maine.

At the evening session President Reny announced the committees for the ensuing year, and the following resolutions were presented and unanimously adopted:

Whereas, In the dispensation of His inscrutable Providence, our kind and all-wise Father has removed from our midst a beloved brother, wise counsellor, and loyal citizen. Therefore,

Resolved, That, in the death of Dr. Henry John Potter, the New England Eclectic Medical Association has sustained an irreparable loss, while suffering humanity loses a faithful physician and steadfast friend.

Resolved, That we, in recognition of the sterling worth and character of our deceased brother, will ever fondly cherish his memory and seek to emulate his virtues.

Resolved, That we tender the sorrowing wife and family our deepest sympathy in this their great bereavement.

Resolved, That these resolutions be spread upon our records, and that a copy of the same be sent to the afflicted family.

After the transaction of other necessary business largely of a routine character, the meeting finally adjourned to the time and place of its next annual meeting.

WM. COLLINS HATCH,
Recording Secretary.

VERMONT ECLECTIC MEDICAL ASSOCIATION MEETS

The Vermont Eclectic Medical Association held its thirty-seventh annual meeting at the State House, Montpelier, June 4 and 5. W. J. Templeton, M. D., of Glover, is president and Dr. P. L. Templeton, of Montpelier, secretary.

Many interesting papers were read and the society is reported to be in a prosperous condition.

MAINE ECLECTIC MEDICAL ASSOCIATION.

The Eclectic Medical Society of Maine held its annual meeting at the Preble House at Portland May 28 and 29. Dr. William Collins Hatch of New Sharon, Me., reports the meeting as being one of the most successful in its history.

Papers were read by Drs. F. W. Snell of Dennysville, William Collins Hatch of New Sharon, Frederick Wallace Abbott of Taunton, Mass., F. E. N. Bohemier of Lisbon, and Henry Raney of Biddeford.

ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

The twenty-ninth annual meeting of the above society was held the 27th, 28th and 29th of May. Forty-one papers were scheduled on its program.

Tincture equisetum hyemale, twelve drops in half glass of water to child, seldom fails in enuresis.—Medical Summary.

BOSTON DISTRICT MEETING.

Boston, May 20, 1902.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike."

After the usual routine business Dr. John Perrins reported the following case. He spoke as follows:

I do not report this case because of its peculiar phases or its treatment, but simply to show what it is possible for a human being to endure and yet be able to perform the usual routine duties of life.

The woman has been my patient for the greater part of the last twelve years. During this period I have called in consultation three different physicians.

There being some unsurmountable obstacles I made a special effort to obtain the full history of the case—let me say here that this procedure is often productive of much good in many of our obstinate chronic cases. When she came under my care I found that upon the slightest provocation she would faint and would be left in an extremely exhausted condition. The eye sight left her, after a while this returned. There was an extremely exhausted condition of the nervous system. There was considerable metritis besides a great deal of ulceration of the bowels. I also found a very pronounced difficulty in the right chest which examination showed to be the result of a fractured rib. She had a bad cough—a peculiar, ringing, rasping cough. This she had always had. The cough was so odd that she could be recognized by it whenever it was heard by any one who was at all acquainted with her. There was a difficulty in the right kidney which bothered me considerably. I found a mass in the region of the kidney, which would seem to move at times by pressure. An eminent surgeon was called in consultation and a floating kidney was diagnosed. The history which I have gleaned, a little at a time, is as follows:

When she was about five years old she was carrying another child upon her back—pig-back—when she fell and broke her arm at the elbow. It was dressed and was doing nicely when about a week after a little devil of a boy struck her and broke the arm over again. In about six months after this she had a serious attack of scarlet fever which left her with a deafness in her right ear. She was subjected to a great amount of tinkering because of this. She was carried to the Eye and Ear Infirmary a few times when her mother was told that it would be better to take her to some physician that was nearer to her home. She was taken to a physician three times a week who dug into her ear and after enduring this for a short time the girl would drop into a dead faint. Her mother going with her one day witnessed what she was obliged to go through, and, learning that the physician could not give any hopes of a cure by his method, refused to let her subject herself to his treatment any more.

At eleven years of age she was running and caught her heel between two planks and broke her foot.

At twelve years of age she was sent to bring in a boy almost as large as herself, he refusing to come she lifted him and carried him toward the house when the boy commenced to kick her over the abdomen until she dropped in a dead faint. For some days she could not pass feces, urinate or walk or sit.

When about twenty years old she was acting as nurse for an old lady. While lifting her she felt something snap inside and for days was unable to sit.

At the age of twenty-two she fell and sat down with so much force on a birch sidewalk that she broke her coccyx. The pain was very severe but was located not in the broken coccyx but in the base of the brain.

When she was twenty-three she was amusing a child, by swinging in a swing

whose seat was a hard board. Some one spoke to her, she turned and the swing coming back, the edge of the board struck her in the chest, and knocked her arm, she becoming unconscious.

During her twenty-fourth year she was coming down a long flight of outside stairs when the heel of her boot caught in a nail and she was thrown over the stairs to the ground. She injured a knee cap and broke the bone of the other foot. During this year she and a gentleman friend were fooling when she stepped backward on her dress and tumbled and fell. He not being able to save himself also fell and struck her seriously upon the shoulder. Some time after this she was struck by a baseball right from the bat.

When she was twenty-seven years old she was tending in a fruit store. She was hanging up a bunch of bananas when the string broke and the stem struck her in the chest.

During her twenty-eighth year she came under my care. With all these various injuries she had performed an ordinary amount of work. At least one-quarter of her time she was in pain in some part of her body.

Upon examination I discovered the fractured rib and with the assistance of another physician gave her ether and cut down upon the rib. I found that it had perforated the lung and that the points of the two pieces could just be made to touch. I passed a suture round each piece, and laying a splint upon the rib bound them to it. She was doing nicely when one night in her sleep raising her arm, she broke the rib over again and it has never united. There is some rheumatic condition of the shoulder, some tenderness of the kidney when we suppose it slipped out of place, some trouble of the ileo-cæcal region, not much of the metritis, what remains is doubtless sympathetic. I am simply amazed that any one person could go through so much and

yet be in a position to perform any of the duties of life.

Dr. Ross inquired what was the mental type.

Dr. Perrins replied very bright, had lacked early education, but was quick to see through things, was very sensitive in her nature, not hysterical, and very courageous.

Dr. Allen said he would like to see her horiscope.

Dr. Perrins said he would endeavor to obtain it. He also stated that he neglected to say that the mother of the child fell down stairs when she was seven months pregnant and that premature delivery was the result of this accident.

Dr. Ross asked what were the family types.

Dr. Perrins replied that the father was sensitive, of a nervous type, and that the mother was easy going, of a decidedly phlegmatic temperament.

Dr. Ross inquired if she still suffered from pain at the base of the brain.

Dr. Perrins said, no, not to any extent.

ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The May meeting of the above society was called to order at 9.30 p. m., President Herzog in the chair. In the absence of Secretary Doll, Dr. Boskowitz was elected secretary pro tem. Two interesting essays were read. Dr. O. A. Hyde's was entitled "Ancient and Modern Medicine;" Dr. W. J. Krausi's "Nephralgia and Renal Stone."

Drs. V. Sillo and W. A. J. Schwartz were elected to membership.

The death of William Todd Helmuth, dean of the Homeopathic College, was announced by the secretary and Drs. Boskowitz, Thompson and Hardy were appointed a committee to draft suitable resolutions, etc.

The treasurer reported a balance of \$42 and no debts.

The meeting then adjourned until September. There were about thirty members present.

QUERY DEPARTMENT.

Conducted by

PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

S. E. S. The responses to your query, as described in the May number of the REVIEW, have been so limited that I have decided to hold it open for another month, especially as there are several whom I shall hear from by that time. I would again request readers of the REVIEW to turn back to the May number and re-read the query of S. E. S. and mail me their opinion in regard to the question proposed.

From a REVIEW reader: I have been much interested in the numbers of the REVIEW which have come to my hands of late. I find much in its columns to interest and instruct. Not being up in the Eclectic practice I would like to ask just what you mean by the "indicated remedy."

The Eclectic practice of medicine differs from that of the other schools in that it has evolved and perfected a materia medica which is distinctively its own. It is because of this that it claims its right to existence and the cordial and constant support of its followers. Our remedies are prescribed for the express purpose of assisting nature to regain her equilibrium which has been lost through a greater or less departure from health. By clear and persistent watch when administering our

remedies we have learned that when we see *certain indications* they are indicative that a certain remedy will be the necessary adjunct for the restoration of health. For instance whenever we meet a flushed cheek, a bright eye and an excited condition of the nervous system—no matter what the disease is—gelsemium is the “indicated remedy.” The indications being a flushed cheek, a bright eye, and an excited nervous condition. A perusal of “Scudder’s Specific Diagnosis” will give you much light on “Eclectic Medicine.”

Dr. J. A. B. Adults can be given one gallon of water by rectum. When giving enemas to children of different ages, what is the rule for finding the amount to give them?

I do not know as I have ever seen a rule given. From my own practice I would deduce the following which gives about the quantities I have used. Multiply the number of quarts in the gallon by the age of the child. Divide that result by 20 and the answer will be the approximate quantity desired.

REPORT ON A CASE OF POST-DIPHTHERITIC PARALYSIS.

By MARIETTE G. MCGINNIS, M. D.

Patient was a child of five years; had a mild attack of diphtheria, and made an apparently good recovery. Two weeks later she developed neuritis, resulting in aphonia, together with extreme irritability, distressing nightmares. She would wake shrieking of fear and was rapidly wearing away from exhaustion. Symptoms of a mild epileptiform character were of frequent occurrence. Heart’s action was rapid, excitable and weak; pulse 120 to 130. No temperature. The curtain of the soft palate was heavy and motionless as far as voluntary movement was concerned. Two local physicians had given her strychnine, iron, arsenic, etc., but without effect. As I had been

the family physician a number of years, I was called to see the child (having been prevented from taking charge of the case at first, from the fact that the family residence was some distance out of New York).

I had secured curative results in a case of occupation neuritis with an organic firment, found by the action of animal enzymes upon a maceration of saracenia called Bioplasm. This I prescribed for the patient grains 10 every one and one-half hours, for 12 hours, to be continued every 3 hours thereafter.

This was March 9; on March 11 there was marked improvement, the depression was relieved, patient was able to take intelligent interest in her surroundings and slept undisturbed throughout the night. She was perceptibly stronger. By March 16 she had entirely recovered, voice was perfectly natural, had full control of soft palate. As I write this, March 26, she has just left my office with her mother. She is entirely recovered in every particular, is bright, cheerful and wholesome looking. Her mother informs me that her appetite is something wonderful.

New York.

SELECTIONS.

THE RIGID OS.

We all know how very trying it is to the physician, to say nothing of the unfortunate patient, who after some hours of suffering from labor pains finds herself tired and greatly exhausted, because of a rigid os.

This condition is so frequently encountered by all obstetricians, and unless relieved, prolongs labor and depletes the vitality of the patient. In these cases H. Marion Sims, M. D., uses Hayden’s Viburnum Compound with good success and if this eminent practitioner so readily endorses H. V. C. we have no hesitancy in freely recommending its use in the above condition.

SECRETION OF THE PANCREAS.

It has long been known that acid in the duodenum causes a flow of the pancreatic juice, even after nervous isolation of the two organs, as shown recently by Popielski, Wertheimer and LePage. Wertheimer produced the same phenomenon by acid in the jejunum, but not at all in the lower part of the ileum. These authors concluded that the secretion is a reflex, with its centers in the ganglia of the pancreas, or, with the jejunum, in the solar plexus. W. M. Bayliss and H. Starling (*Lancet*, March 22, 1902) refute this contention in the following terms: Secretion excited by acid in the jejunum cannot be reflex because it occurs after all the nervous elements have been destroyed and after intravenous injections of atropine sulphate. It must, therefore, be due to direct gland-cell excitation by a substance conveyed to the gland from the bowel by the blood-stream. This substance is not acid. Wertheimer has shown that a 0.4 per cent. solution of hydrochloric acid injected into the blood does not excite the pancreas. The secretion must be due to a substance produced in the intestinal mucous membrane under the influence of the acid and carried thence by the blood to the gland. Experiment confirmed this conclusion, exposure of the mucosa of the jejunum and duodenum to the action of 0.4 per cent. solution of hydrochloric acid produced a body which injected in small doses into the blood-stream caused great activity of the pancreas. This body, called secretin, is associated with another which lowers the blood-pressure. They are not identical since acid extracts of the lower end of the ileum produce a pressure lowering effect, but not excitatory. The acid splits off the secretin from its precursor, prosecretin. The latter is slightly soluble in 0.9 per cent. solution sodium chloride and is without influence on the pancreas. The former may be obtained separately from it by boiling with

the above salt solution. The acid extract may be boiled, neutralized and filtered without damage, giving in the filtrate primary albumoses and gelatin which may be precipitated by excess of alcohol and ether and have no action on the pancreas. This alcoholic, ethereal filtrate contains only a small amount of organic matter, but on evaporating to dryness and taking up the residue with water the solution obtained is as active as the original secretin. This is probably a body of definite composition and small molecular weight. A chemical sympathy between different organs, e. g., the uterus and the breasts, has been assumed, but this is perhaps the first case of direct experimental proof. This acid-duodenum-pancreas mechanism may prove to be but one of a whole class of similar mechanisms. The study of this should materially increase control of the various chemical functions of the body and probably of their diseases.—Medical News.

HEMORRHOIDS: THEIR PATHOLOGY, INDICATIONS FOR AND TECHNIC OF OPERATIVE TREATMENT.

Dr. J. Rawson Pennington read a paper on this subject. The author defines and describes hemorrhoids, then divides them into three principal varieties, internal, external, and interno-external. He said the two former varieties may be subdivided still further. The principal factors entering into the etiology and pathology of hemorrhoids were classed under constitutional, mechanical and local. After speaking at length of the pathology of hemorrhoids, the author takes up the indications for operative treatment and among them he suggests the following: (1) Frequent recurring hemorrhages, even though small in amount. Continual loss of blood, must, sooner or later, be followed by profound anemia, accompanied with pallid features, dizziness and palpitation

of the heart. (2) Frequent protrusion of the tumors, causing pain and distress to the individual. (3) Repeated attacks of inflammation. (4) Those cases in which the piles remain outside the anus after defecation and require manual replacement. (5) Those which protrude on slight exertion and have to be replaced. In regard to the operative treatment, the patient is prepared in the usual way for such an operation, and placed upon the operating table in the lithotomy position. The sphincter is then slightly, gently and carefully dilated with the fingers, and the rectum irrigated with an antiseptic solution, usually bichloride of mercury, 1-3,000, followed by normal salt solution. Each anal quadrant is now grasped at the muco-cutaneous junction with a pair of T-forceps. These are held by an assistant. By means of these instruments the anus is everted and the internal tumors exposed. Seizing with the full hand the forceps attached to the posterior quadrant, fully evert it, and make pressure against the base of the hemorrhoid with the knuckle of the index finger, which places the mucous membrane covering it on a tension. Now, with a pair of scissors, sharply curved on the flat, remove an ellipse from the apex of the over-stretched covering of the hemorrhoid, commensurate with the size of the tumor. This opens the blood lakes and permits most of the blood in the tumor to escape. All of the angiomatous tissue is now carefully removed, when the remaining wall collapses. This leaves a very small area of denuded surface. Each quadrant in regular order is treated in like manner. A stream of hot sterilized salt solution of 115 to 125° F. flows over the field continuously during the operation. Spurting vessels, if there be any, are caught with a pair of forceps and thoroughly twisted. Should this fail to control the hemorrhage, throw a ligature around the vessel and ligate it. So far he has ligated bleeding points in three pa-

tients only, although he has more than 200 operations. The T-forceps are then removed, and all external tumors and tabs of skin cut off, care being taken not to make an incision in the muco-cutaneous junction, when it can be avoided, as this is the most sensitive point around the anus. This same precaution should also be observed when removing the internal tumors. The field is then dusted with some antiseptic powder, and a rubber covered tampon introduced through a bivalve speculum. The tampon is allowed to protrude about 1.5 inches beyond the anal orifice. Gauze is carefully wrapped around the protruding portion and packed close to the anus. The anchoring string of the tampon is wrapped around a piece of gauze held close to one side of the tube, and woven in with the other dressings, so as to prevent the tampon from slipping into or out of the rectum. Over this is placed gauze, cotton and a T-bandage, which is made quite taut. The patient is then placed in bed, and usually given a hypodermic of morphine, if not contraindicated. By operating in this manner there are no tender and obstructive stumps to slough, nor nerves caught and squeezed, producing excruciating pain, as there are when the ligature method is used; neither are the nerves and tissues painfully burned, as when the clamp and cautery are employed. In lieu of this there is a free and unobstructed outlet through the anus and a fibrinous exudate is deposited over the operative field, which exudate is neither destroyed nor disturbed by the removal of the dressings. Moreover, the danger of stricture is obviated, as the normal caliber of the bowel is left practically covered with mucosa and submucosa. The anal orifice is not contracted, as it necessarily is after either of the operations just mentioned. At the end of forty-eight hours the patient is given a cathartic and the tampon is removed. Its removal is attended with ease

and no pain. The movement of the bowels is usually painless, and there is, as a rule, little or no bleeding. From this time on, until convalescence is well established, the parts should be washed or irrigated twice a day with an antiseptic solution and dusted with some antiseptic powder. After the bowels have moved the patient is instructed to keep them soft for two or three weeks. Should the patient complain of pain or an aching sensation, a hot Sitz bath of twenty minutes' duration is given. As a detergent, small pieces of wet cotton or cottonoid are used. Paper and other hard or rough substances are interdicted. The rubber dressing is important, if not imperative, in this operation. There is but little or no pain during the first and subsequent movements of the bowels. This method of procedure, which the author has now employed in more than two hundred cases, in many of which local anesthesia was used, has been by far more satisfactory than any method previously used. It is very quickly and easily performed. Patients suffer little or no pain, as a rule, and they are out of bed in a week, and often in less time. In fact, it is not uncommon for them to resume their work on the fifth or sixth day after operation.—Medical News.

Five-grain doses of the nitrate of sodium in solution will prevent and cure many cases of angina pectoris.—Medical Summary.

A tampon freely saturated with glycérine has been applied to the os uteri to relieve the vomiting pregnancy.—Medical Summary.

Dr. W. S. Robinson says that there is no remedy better for congestive chill than atropine in full doses (hypodermically) when the chill is on; also, in hemorrhages of any kind don't forget your atropine.—Medical Summary.

TREATMENT OF ACUTE PUERPERAL SEPSIS FROM A SURGICAL STANDPOINT.

N. Vineberg (Medical News, April 5, 1902) lays stress on the following points: 1. Every case of puerperal sepsis is wound-fever or wound-infection, and should be treated on the same general surgical principles applying to wound infection elsewhere. 2. Each case of puerperal sepsis, no matter how slight, should be carefully observed and watched from the outset, for we can never tell whether such a case may not develop into a serious infection which will be a menace to life. 3. When a case of uterine sepsis progresses unfavorably after curetting, irrigation and proper general treatment, as evidenced by the pulse, the temperature, and the condition of the uterus, we are justified in opening the abdomen and removing the uterus, unless, after opening the abdomen, we find some condition outside of the uterus to account for the persistence of the sepsis, or unless we find some condition in the uterus itself, as a single intramural abscess or a localized gangrene, which would permit of removal without ablation of the whole organ. 4. When a uterine infection extends to a tube or ovary, setting up a violent grade of salpingitis or ovarian abscess, the abdomen should be opened without delay and the affected tube or ovary removed. 5. When a uterine infection sets up a septic inflammation of the peritonæum, the abdomen should be opened and the uterus ablated, the peritoneal cavity flushed with saline solution, and free drainage employed through the vaginal opening. 6. To operate for these conditions when the patient is evidently moribund is unjustifiable, and can serve only to bring discredit upon the profession and upon the operation.—Charlotte Medical Journal.

The white of eggs will check diarrhœa, if given in milk.—Medical Summary.

VARICOSE ULCERS.

Varicose ulcers often give one a great deal of trouble in their management, particularly the sluggish ones, for they refuse to heal. The oozing secretions destroy the feeble granulations, and the little islets of epithelium fade away and are cast off by the foul purulent exudate. I have had some trouble in treating such ulcers, but I have thought out a scheme of treating them which, though it has nothing original in it, yet it has a feature which might be worthy of attention. Hamamelis is and has been praised as a general and local remedy in such States by members of all schools. In treating these cases one will be struck with the inactivity of the usual antiseptic solutions in cleansing varicose ulcers. In fact, they do not do it. The glue-like, tenacious secretion sticks to and covers the ulcers like a coat of varnish, hindering any remedy acting locally. For this reason I have ordered the ulcers to be washed with a solution of soda in water; for example, a teaspoonful to a pint of boiled rain water. Then I have found useful an ointment made by rubbing up about a drachm of the dry extract of witch hazel with an ounce of vaseline. This is applied to the ulcer in a fairly thick layer. Over this is laid a small, flat and soft sponge, such as children use in school for their slates. This is moistened in any convenient antiseptic solution. The soda solution softens and disintegrates the tough secretions of the ulcer; the witch-hazel ointment acts as a very useful local remedy, almost specifically, it seems to me; and the sponge serves to take up the excess of the fluid oozing from the surface of the ulcer instead of allowing it to stagnate amongst the granulations, rendering them feeble and lifeless. It also acts as a serviceable local irritant, whose action is by no means to be overlooked. If the ulcer be irritable, the sponge may be left

off until the hamamelis unguent has rendered the ulcer tolerant of pressure. Over the whole, naturally, a bandage, preferably of cotton flannel, is applied.

As I first said, there is not much new in this method, except in the way in which it is carried out. The ointment of hamamelis is certainly a very useful local application in varicose ulcers, and, at the same time, the tincture of the same drug may be administered internally. The soda solution has been found by me much superior as a detergent to the ordinary antiseptic solutions, which run over the varnish-like coating of the ulcer and leave it unaffected. The sponge soaks up the excessive oozing secretions, preserves the granulations from stagnation and maceration, and at the time acts as a local stimulant.

By these measures I have succeeded in healing a number of obstinate and sluggish varicose ulcers which had made the bearers miserable, and me, before I knew of this method, to wonder how I could ever cause them to heal.—Dr. Pritchard, in *Hahnemannian Monthly Brief*.

 THE CARE OF HYPODERMIC NEEDLES.

I will try to give some of my brethren a few useful hints which experience has taught me. I offer a word of advice about the care of hypodermic needles. If you will spend ten cents at some music store for a spool of wire violin string (the E) you will have steel wire enough to last a lifetime; remember the spool wire E is a shade smaller than the single length E that you find in stores. Cut off about a foot of it, draw a knot in the end around a tack. Drive the tack in your shelf, and after you have used a needle insert the wire through it, and sweep the needle up and down or back and forth once or twice, wiping the wire with antiseptic gauze at the same time, or even with the fingers,

puts a dry bright burnished surface through the bore of the needle; and you find it ready for use when it is needed. I have known one needle to last for more than one year, and used three times a day; and still seemed to be in good condition. When a little lint or other obstruction chokes the needle, patient boring and drilling by twisting the needle on the wire, generally soon opens the hole and allows the wire to pass through.

You must cut off another length of a foot or more, take a small tin box the size of a dollar or less, fasten a piece of hard wood in the bottom of the box, draw a knot in the end of the wire, let it pass through the stick wedged across the bottom of the box. Take the box in your teeth or between your knees, and cleanse your needle as before, when the wire was fastened to the shelf. After you have used the box wire coil it round and round in the box and put the lid on. You can then carry it with you in your pocket or purse as a coin.

Needles may be sharpened by using a piece of broken slate dressed out one-half inch wide and two or three inches long; this can be carried in a memorandum book or anything of the kind and use as a whetstone for the needle points.—Dr. Vaughan, in Wisconsin Medical Recorder Brief.

THE MEDICAL ASPECT OF APPENDICITIS.

Dr. W. E. Ford, of Utica, N. Y., last fall read a paper upon the above subject at the semi-annual meeting of the Medical Society of the State of New York, in which he maintained that appendicitis was a disease requiring only medical treatment in a large proportion of cases. This was demurred to by Dr. Herman Mynter, of Buffalo, who maintained that appendicitis was essentially a surgical disease, and that no serious case could

ever get well without an operation. In fact, he held that appendicitis had no medical aspect, but that all cases of this disease should be turned over to the surgeon. In a communication from Dr. Beverly Robinson, of New York, which subsequently appeared in the *New York Medical Journal*, it was insisted that the surgical aspect of appendicitis had been much overdone, and its medical side almost entirely neglected. Dr. Robinson is almost as extreme upon the medical side as Dr. Mynter is upon the surgical. Both must be considered extreme in their views, though Dr. Robinson is perfectly correct when he insists that no case should ever go to the surgeon for operation without careful consideration by a thoroughly competent general practitioner. Unquestionably, very many cases of appendicitis, and severe ones, too, at that, recover without operation. We have seen unquestioned cases, with well-marked tumefaction in the iliac region, that fully recovered without surgical interference, and which did not recur up to several years afterwards. The necessary thing, however, about this disease, is to determine when the case requires operation and when it does not. Undoubtedly, it is giving the patient the best of the doubt to have him operated upon if he can be placed under favorable circumstances for such a step, and in the hands of an experienced operator. At other times, when the proper mode of procedure is doubtful, his chances would be better subserved by non-surgical interference. For instance, in distant places, being far removed from a hospital or from an experienced operator, and where the environments are unfavorable to operation. It is, also, an indisputable fact that many cases of "appendicitis," cured without operation, are really diseases of some other kind; but so, also, are there cases operated upon which prove to be typhoid fever, and ovarian disease, pus-tube, etc.; and that this

statement may not be doubted, we simply refer to the fact that the appendix has been found perfectly normal in individuals whose abdomens have been opened, after a diagnosis of appendicitis, with the intention of removing this organ of unknown function. It is time, with the surgical experience now in our possession, to turn more to the medical side of this question, with a view to determining the best medicinal treatment for this condition; and learning all we can about the border line that separates the medical from the surgical case, so that we may be able to tell, with tolerable accuracy, by what to be governed in deciding to call in the surgeon for the removal of the condition that it is probably impossible to cure.—Medical Council.

THE INFLUENCE OF SPICES ON THE STOMACH.

Although the use of spices for the purpose of heightening the flavor of food is almost universal, it is generally recognized that their influence on digestion is detrimental, hence dyspeptics are warned to avoid "spiced and made dishes." Some experiments recently carried out by a Polish physician, Dr. Korczynski, tend to prove that while spices stimulate the motor function of the stomach, they progressively impair the secretory functions, and, in the long run, inhibit the production of hydrochloric acid. On the whole, therefore, the ingestion of spices hinders, rather than accelerates, digestion, though an exception may be made in respect of persons in whom slowness of digestion is due to a deficiency of muscular activity on the part of the stomach, and also possibly of the victims of hyperacidity. Opium, as is well known, tend to increase the acidity of the gastric juice, hence they are contraindicated in cases of hyperacidity, and alkalis merely neutralize the excess of acid without benefiting the disordered function in which the excess is

due. It may be inferred that for persons whose digestion is normal the employment of sauces and spices is undesirable. A witty Frenchman once described sauce as an English device for giving the same taste to all kinds of meat, and there is no doubt that the habit of tickling the palate by the addition of various condiments is one to be deprecated. Medical Press and Circular.

THE DISADVANTAGES OF GAUZE PACKING IN APPENDICITIS WORK.

Morris, (New York Medical Record, March 22, 1902) states that gauze packing sometimes causes ileus and bowel obstruction by simple and direct mechanical pressure. It more often causes an excessive exudation of reparative lymph, which may result in annoying peritoneal adhesions and life-long discomfort for the patient. Its employment usually leaves a very weak place in the patient's abdominal wall, and invites the development of post-operative ventral hernia. In his opinion the worst feature of gauze packing is the tendency it seems to possess to depress the patient's general resistance and to prolong, if it does not sometimes also cause, the condition of surgical shock. The great misery caused by the removal of the gauze packing, when a change of dressing is made, can be described only by the patient. Since the use of iodoform has become so widespread, the danger of iodoform poisoning has been added to that of the formerly used plain gauze. Many of these cases have been and are still regarded as being cases of septicemia; while the symptoms of these two states are very similar, in iodoform poisoning the wound is apt to look remarkably well, while the patient does not; whereas in septicemia, neither the wound nor the patient looks remarkably well. In the former condition, free iodine can be found in the patient's urine,

and a simple test consists in adding calomel to a specimen of the urine, and noting the reaction as iodid of mercury is formed when the mixture is stirred. He believes that it is not safe to teach that gauze packing should be at once given up, but that one should work toward the point of giving up gauze drainage as rapidly as experience proves that it can be safely done.—Charlotte Medical Journal.

NASAL HEADACHES.

Adolph Bronner (Med. Jour.) thinks that if a careful examination of the nasal cavities were made, many of the chronic so-called incurable headaches would be relieved. Nasal headache is often neuralgic in character, and is always worse in the morning, whereas headache due to eye strain is always better in the morning. Nasal headache may be chiefly supraorbital or post-orbital, and is sometimes felt at the top or the back of the head, being more commonly diffuse in nasal obstruction. Dizziness is a frequent accompaniment.—Brief.

MALARIA AS A CURE FOR CANCER.

According to the *Medical Record* of December 7, 1901, in which there is editorial reference to a short article by F. Loeffler in *Deutsche Medicinische Wochenschrift*, October 17, 1901, there is some reason for hoping that an attack of malaria may cure cancer. Personally, we have had no experience in the contest of these two diseases for supremacy in the same individual, but would be glad to hear from others who have. The fact is mentioned that a Polish observer, Truka de Krzowitz, as early as 1775, claimed to have seen cases of cancer cured by the supervention of an attack of malaria. Should this be true, we would have discovered a most simple remedy for so horribly and increasingly prevalent a disease. It would be an ex-

ceedingly simple matter to inoculate a person with malaria, either with the blood of one already suffering with the disease, or by means of certain forms of mosquitos having the infectious element, and which could be obtained from one of the numerous laboratories now experimenting with this insect. We are satisfied, however, to abide by the clinical studies of a combination of the two diseases, and would be glad to have reports upon this subject from our readers. It is a most important subject for collective investigation, and we hope to have some reports upon it soon.

McKINLEY'S PHYSICIANS.

Congress will pay the funeral expenses of President McKinley, including the physician's bills, over which there has been so much contention. An item is to be inserted in the Urgent Deficiency bill, now under consideration by the House Committee on Appropriations, which provides for an appropriation of \$50,000 to defray the expenses attending the death and burial of the President. It is understood that an agreement has been reached whereby \$31,000 of the amount appropriated shall go to the physicians and the remainder will be used to defray the funeral expenses. Friends of the dead President and others interested have been consulted, and it is believed that the allowance will be entirely satisfactory to all concerned. Statements of all the expenses incurred were submitted to the Committee, and the amount named will cover all obligations of the Government.

A lotion prepared by dissolving one grain of the bichloride of mercury in four ounces of the peroxide of hydrogen is said to be a most excellent topical application in the treatment of diphtheria.—Medical Summary.

HOMEOPATHS DENOUNCE THE UNIVERSITY.

The homeopathic physicians of this city are resenting more or less pronouncedly the action of Dean Marshall of the University of Pennsylvania regarding the inquiry of a homeopathic physician regarding the post-graduate spring course at that institution. The letter of inquiry contained the sentence, "I am a graduate of Hahnemann College of Philadelphia, 1900, and am anxious to do post-graduate work in clinical medicine and pathology." The following reply is stated to have been received from the Dean: "Dear Doctor: In reply to your letter of April 16, I would say that the post-graduate course which is to begin in May is designed for graduates of regular schools of medicine." It is claimed by homeopaths that the other schools of medicine in this city admit homeopathic graduates or students if they are able to pass the required examination given to all applicants. The "Hahnemannian" says in part: "It is mortifying to us, as citizens of Philadelphia, to think that the University of Pennsylvania has the ignominy of standing alone as the only college in the country refusing to take homeopathic graduates as students. It was only a few years ago that the Association of American Medical Colleges ruled that it was proper to accept for advanced standing students from any college, if found qualified on examination.

RUPTURE OF INTERSTITIAL PREGNANCY: OPERATION: RECOVERY.

Laphorn Smith (Montreal Med. Jour.) reports a case, age 30, who was married at 18; had pelvic inflammation shortly afterwards, and her husband died of tuberculous phthisis. She married again at 22, and was perfectly regular for eight years. Then she had a violent attack of

pain, syncope, and the usual signs of internal hæmorrhage just six weeks after the last period. The breasts had swollen, and morning sickness had set in. Operation was delayed till the patient was very ill from repeated attacks of hæmorrhage. The abdomen was opened two days less forty minutes from the rupture; then came a gush of bright red blood. Neither tube was ruptured; the right was closed and full of fluid. On drawing up the uterus the source of hæmorrhage was traced to a ruptured interstitial or tubo-

SIMPLE CURE OF CONSTIPATION.

Although there are exceptions to the rule, I find most cases of constipation are caused from a lack of attending to the call of Nature. Having some unfinished work to perform when Nature calls, it is put off until the work is finished, then the call is forgotten and the subject becomes habitually constipated.

I first give the patient a severe lecture on his neglect to answer the call of Nature promptly. Then I instruct him to finish each meal with a good ripe apple (and, if small, to eat two.) And, as I consider the most appropriate time for the bowels to move is immediately after breakfast, I instruct the patient to fill an ordinary P. P. syringe with pure glycerine and inject, per rectum, immediately after that meal, which will usually cause a free passage within five or ten minutes, and to continue these injections until Nature calls at that time without its use. I have found the glycerine to be needed but a short time.—Dr. C. S. Webster, in Medical Council.

The application of glycerite of tannin to spongy and receding gums will be found effective. Whether this condition be due to pyalism or debility following acute disease, the topical use of this simple remedy will be satisfactory.—Medical Summary.

NEW CURE FOR MALARIA.

M. Armand Gautier announces in the *Comptes Rendus* that he has found that injections into the blood of minute amounts of sodium methylarsenate is a cure for malarial fever. He reports the complete recovery of nine patients who had contracted in Africa malaria of so severe a type as to be refractory to large doses of quinin. Blood-tests were made and the disappearance of the specific hematozoa always followed the treatment; it also suppressed the anemia associated with malaria. The best dosage and means of administration, whether by mouth or hypodermically, must be determined by further research.—*Amer. Medical Journal*.

ITEMS.

Dr. Robert A. Toms and Miss Esther Fitch were married at Noroton Heights on June 4.

Dr. Simon Robert Schultz and Miss Dora Josephs were married June 5, New York City.

Dr. M. B. Pearlstein, the official surgeon of Brooklyn, was married on June 8.

We expect to announce before many moons that the treasurer of our State Society, Dr. Earl H. King, of Saratoga, has followed this very laudable example.

You can receive the REVIEW for the remainder of this year for fifty cents. Postage stamps will be received.

To avoid trouble and delay fill out the subscription blank to be found in the back of the REVIEW.

"We are seven" who will leave New York June 14 for the National.

The Sanatorium on Muncie Island will be opened under the name of the "Sea Breeze House" June 20. Edward H. Powell, manager.

The dedication ceremonies of the Beachonian dispensary will take place on June 22 at the dispensary, 183 Ludlow street. Addresses will be delivered by the Rev. Dr. Kline, Rev. Dr. Spiegel, Dr. G. W. Boskowitz and others. All are invited.

We see by the *Inter Ocean* of May 13 that Dr. V. C. Price has been entertaining a number of children from the school for cripples. It must have been a rare treat to the sixty little invalids to see the performance at the theatre and a great satisfaction to Dr. Price to be able to give so much pleasure.

The annual meeting of the American Orthopedic Association took place in Philadelphia June 5, 6, 7, 1902. An unusually full and attractive program was carried out.

BOOK REVIEWS.

"Atlas and Epitome of Otology," by Gustav Bruehl, M. D., of Berlin, with the Collaboration of Prof. Dr. A. Politzer, of Vienna. Authorized translation from the German edited by S. MacCuen Smith, M. D. About 300 pages with nearly 250 colored figures on 39 lithographic plates and 99 text illustrations. Philadelphia and London, W. B. Saunders & Company, 1902.

Hardly enough can be said in praise of this excellent work on Otology. It merits to be placed in the front rank among textbooks on diseases of the ear.

The language is clear and concise. Nothing necessary has been omitted, nothing unnecessary has been added.

Besides the work is amply and excellently illustrated both by means of colored plates and wood cuts.

The physician who is not yet in possession of any book on Otolology ought to get this one by all means. He, however, who has even fifty works on Otolology on his shelves will find that he has not one which contains plates as natural as the ones in the work under discussion. A. W. H.

"History of the Eclectic Medical Institute," by Harvey W. Felter, M. D. Royal octavo, 204 pages, paper \$1.00, cloth \$1.50. Published by the Alumnaal Association, C. G. Smith, M. D., Treasurer, No. 1009 Plum street, Cincinnati, O.

This is a most interesting volume on the History of Eclecticism, for the history of that grand old institute at Cincinnati is really a history of the rise and progress of Eclecticism. Every one interested in our reform medical practice should own a copy. It contains the portraits and short sketches of the pioneers of our school and gives the titles of the many books written or edited by them. These men were great workers and accomplished much. The younger members of our profession will be enthused and stimulated to greater efforts by the reading of this history.

"New Eclectic Medical Practice." Designed for students and practitioners. By Herbert T. Webster, M. D., author of "Principles of Medicine;" Dynamical Therapeutics. Formerly Professor of Materia Medica and Therapeutics, and again of the Principles and Practice of Medicine. Member of the National Eclectic Medical Association. Volume II. Webster Medical Publishing Co., 1010½ Washington street, Oakland, Cal.

This volume is divided into eight sections, as follows:

- I. Diseases of the Respiratory Organs.
- II. Diseases of the Circulatory Organs.
- III. Diseases of the Blood and Ductless Glands.
- IV. Diseases of the Urinary Organs.
- V. Diseases of the Nervous System.
- VI. Diseases of the Muscles.
- VII. Intoxications; Sunstroke; Ob-
senity.
- VIII. Diseases caused by Animal Pari-
sites.

I have examined this volume with some care, not the general descriptive matter, but the treatment, and find that Dr. Webster is very resource ful and the reader will have brought to his notice many remedies and forms of treatment not found in general works on practice. Much stress is laid by the author upon what he calls "the Dry Diet Treatment," in Anæmia, Tuberculosis and kindred difficulties. The arguments advanced to show the rationale of this treatment do not seem to be reasonable and my personal experience with a milk or fluid diet is quite the reverse of the author's. Although our experiences differ in this particular I heartily recommend this book to Eclectic students and practitioners generally as a reliable work on the American Practice of Medicine.

Scudder Bothers Company Cincinnati O., announce for publication in June a "Manual on Diseases of Children," by William Nelson Mundy, M. D. Dr. Mundy was formerly professor of hygiene, physical diagnosis and clinical diseases of children in the Eclectic Medical Institute.

The book contains 627 pages, 12 mo., and will sell at \$2.50 bound in cloth. The work will be up to date in every respect and will undoubtedly fill a long felt want, as Prof. Mundy is a strong advocate of specific medication. The book will be reviewed in our next issue.

THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

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THE NATIONAL.

Once more the National Association has convened, and this time at the beautiful city of Milwaukee. A large number of doctors were present, many of them bringing their wives and a most enjoyable session was held.

The Eastern delegation, numbering eleven left New York on Saturday, June 14th, on the Erie Railroad.

The picturesque country in New York State was especially interesting with its mountains and valleys and unexpected curving streams until we reached smoky Chicago.

Having an extra day on our hands before the meeting we did some sight-seeing, and, among other things, some of our party visited the great stock yards and were much interested in the twentieth century methods by which the main element of our table is prepared.

The weather, which is such an important factor on these trips, was delightful during the entire trip, and added much to the enjoyment of the week.

We left Chicago on Tuesday morning on a special car for Milwaukee, meeting a number of the doctors and friends, and a general exchange of courtesies and good feeling prevailed.

The people of Milwaukee may well be proud of their substantial and well cared for city. General cleanliness and thriftiness prevails, and, as a meeting place, it has few equals.

The Mayor made the address of welcome at one of the meetings and told the Association many things of interest about the industries of the city.

Texas handled the gavel with judgment and discretion at the meetings, and numbers of interesting papers were read and discussed, much information being gained thereby by the members.

The Association was entertained by the local committee, and a pleasant musical

evening and a ride to White Fish Bay by trolley was enjoyed.

Dr. J. M. McCann, of Monticello, Ind., was elected president for the ensuing year, and the meeting to be held at Indianapolis, Indiana. Make your arrangements early to attend. It is a whole year off, but say it early and often: "I will attend the National at its next meeting," and by next June you will be prepared in your mind to go and the actual going will be much easier for that resolution.

L. B.

THE COLLEGE ANNOUNCEMENT.

In this number will be found the catalogue of the Eclectic Medical College of the City of New York. We hope members of our branch of the profession will read it carefully, and if in their neighborhood they hear of any young man or woman who contemplates the study of medicine, they will interest themselves sufficiently to place the REVIEW or a catalogue in their hands and explain to them the advantages of our system of medicine, the richness of our materia medica, etc. President Sinclair, in his annual address at our State meeting last April expressed in plain and forceful language the duty we owe to ourselves and the school. I cannot do better than quote him at this time: "Our colleges ought to be filled to overflowing. The ambitious young men and women in the East seeking success in the medical profession ought to know about them, and in reality ought to be flocking in crowds to our New York college these days. And they would be doing so if we of the East loyally and intelligently held before them the Eclectic banner, and directed them to our college. And we must do something of the sort, or Eclecticism in the East is going to be swallowed by the Allopaths and the live and sprightly Homeopaths.

"Now, I have a plan that means work for us, that I think would amazingly help our school of medicine and our colleges. I say it means work, but we have got to

work and work hard, and put into our work the spirit of sacrifice, if we save our school to the future, and raise it to the high standard it really ought now to be occupying. My plan is to have each Eclectic in our auxiliary and State societies pledge himself audibly, so that we can hear him, that he will faithfully and honestly try, and try hard, to send at least one student to our colleges every year. Now, this may seem like a hard proposition, but it really isn't after all. In nearly every community there is a bright young man or woman who contemplates the study of medicine. You are constantly mingling with the people, and it will be a strange thing if any one who so contemplates escapes your search, if you really are searching. Seek out such young persons and deftly—for it is sometimes a delicate thing to do—find out his ideas and learnings in the matter. Place in his hands some informing literature on Eclecticism, and let the heaven work for a time if he is scary. But be bold on one point, and that is in positively asserting that Eclecticism is not only the most successful practice of medicine in the world, but the most—yea, the only rational one. You can honestly do this, you well know; and positive assertions of truth do have influences on individuals and communities.”

SECRETARY ELLINGWOOD'S REPORT.

We consider that Secretary Ellingwood gave us a masterly report at the National meeting, and as it is to be printed and distributed to members of the Eclectic profession generally, we will refrain from comment on it at this time, except to assure Eclectics, young and old, that it is worth careful reading and mature consideration. Read it—then read it again—and if you cannot see your duty clearly, read it a third time. Then act!

The REVIEW costs but one dollar a year.

WILLIAM COLLINS HATCH, M.D.

William Collins Hatch, M.D., born in Industry, Me., September 14, 1850, died in New Sharon, Me. (at home), the 16th ult., after an illness of 18 days.

Dr. Hatch was a leader among the Eclectics of New England, and, by his journalistic medical contributions had gained national recognition. He was an ex-president of the Maine Eclectic Medical Society, recording secretary of the New England Eclectic Medical Association, an honorary member of the Vermont State Eclectic Medical Society, the Connecticut Eclectic Medical Association, and the Beachonian Society of the Eclectic Medical College of the City of New York, and a member of the National Eclectic Medical Association; had been supervisor of schools, and secretary of the board of health, in Industry; and was author of "A History of the Town of Industry",—a large octavo of 862 pp.

JOHN CALVERT BUTCHER, M. D.

Dr. Butcher was born at Flushing, Belmont County, Ohio, April 4th, 1856. He died at Urbana, Ohio, June 19th, 1902.

Dr. J. C. Butcher was the son of Dr. J. M. Butcher, a pioneer Eclectic, who settled in Ohio in 1873. Dr. J. C. graduated from the E. M. I. in 1871.

The Doctor enjoyed a large and lucrative practice, and for many years was an active worker in our National Association, where through his geniality and good sense, he made many friends. The following is from "Urbana Daily Times Citizen":

"Dr. Butcher was one of this city's most learned physicians and skillful surgeons, and enjoyed one of the largest practices of any of the local physicians until he was compelled to retire. By reason of his bright genial temperament he was peculiarly fitted for the profession he adopted and his presence in a sick room was like a ray of sunshine from out the gloom. He was an

active Mason, belonging to Harmony Lodge, and a prominent member of Raper Commandery, which organization will have charge of the funeral. He was also at one time a member of Launcelot Lodge, Knights of Pythias. He was a member of the first M. E. Church, uniting with the Church during the pastorate of the Rev. M. B. Fuller, who will probably come here from Cincinnati to conduct the funeral. The deceased served as pension examiner for years. In the death of Dr. Butcher this city loses one of its most honored citizens, and the medical profession one of its most learned members."

WILLIAM F. CURRYER, M. D.

As we go to press, the news is brought to us of the death of William F. Curryer, of Indianapolis. Dr. Curryer was an ex-president of the National Eclectic Medical Association, and of the National Association of Orificial Surgeons, and one of the best known surgeons of our school in the Middle West. It was largely through his influence that the National decided to meet at Indianapolis next year. In a letter from President McCann he states that he died of apoplexy on July 5th on his way from the hospital to his office.

RADIO-THERAPY.

With special reference to the treatment of Lupus Vulgaris.—Report of cases.

By JOHN M. GARRETT, M. D.

Presented at New York State Meeting, Albany 1902.

Radio-Therapy is a distinct advance upon previous methods of treatment for the cure of Lupus Vulgaris. Reports of cures are numerous, so there can now be no doubt as to the efficiency of this treatment. Until recently the Finsen Photo-Therapy (?) represented the surest chance for a cure of the disease. The disadvantages of the Finsen method are the time consumed, and that the treatment is more or less painful. It

requires daily sittings of about one hour extended from a period of six to thirty-six months. Compression of the area to be treated, in order to render the part as bloodless as possible, is apparently necessary for the success of the treatment. Compression of itself is usually very painful. The apparatus used is expensive, and is of no use except for this purpose, and a large amount of electric current is consumed; from fifty to eighty amperes is essential in order to furnish sufficient rays of a spectrum, which are active in destroying the disease.

The advantages in favor of Radio-Therapy are that it acts quickly and with reasonable certainty, and with the least possible discomfort to the patient. The Roentgen rays penetrate more deeply. This is of special importance where the primary lesion is about the nose, which is the most common seat. Probably the most common source of inoculation is from the dirty habit of picking at the nose. A few cases of recurrence of the disease have been reported after an apparent cure by the X-Ray. It is in its favor that cases treated the second time heal as quickly as the first. It has been observed that there is less danger of dermatitis after a previous X-Ray treatment. Aside from a slight burning sensation at times there is no discomfort to the patient. In fact, the reverse is the rule. In cases where pain is a prominent symptom there is an almost instant analgesic effect from the use of the X-Ray. The sittings require but ten or fifteen minutes of the patient's and attendant's time from once a day to once a week. It is peculiar that the cicatricial formation after a cure from the X-Ray is more like normal skin in that it does not have the tendency to contract. Records report cures of the disease of moderate severity in from two to three weeks. The longest report of treatment with which I am acquainted covers a period of eight months, and in this the reporter admits that his apparatus was imperfect.

Method of application and apparatus re-

quired. The exciter may be a static machine or a coil. The exciter used in the cases below reported was a home-made coil, forcing an air spot of 18 inches. This immense energy, of course, is not used. The coil of course requires an interrupted current in the primary. The very best interrupter is of the Weynelt variety, which consists of a platinum wire passing through an insulated tube, the wire being free for adjustment. The other pole consists of a lead electrode. When the current is turned on bubbles of gas form on the platinum, which probably interrupts the current. These interruptions are very rapid, probably thousands a second. I have improved on the usual Weynelt interrupter by having two platinum electrodes. This gives a much steadier current glow to the tubes. The electrolyte is dilute sulphuric acid. I dilute the acid so as to get the full value of light in the tube, but no more. After this is done I raise the specific gravity of the electrolyte by dissolving in it sodium carbonate. This allows the bubbles around the platinum to assume a more perfect shape, and evidently the eruptions are cleaner.

The Tube. Any good make of tube will answer. I have derived the greatest satisfaction from the Edison General Electric. The vacuum of this tube may be regulated to suit the demand by the use of a Bario-Vacuum regulator. This part of the apparatus has done much toward simplifying methods for control of the tube. The tube is best entirely inclosed in a box fashioned after the conventional starch boxes, with sliding covers. Instead of having one grove, however, there should be two. One for the insertion of a platinum shield, the other for a lead shield. Rollins suggests the covering of the inside of the box with Oxide of Lead. I have found better results by covering both inside and outside with the material. The tube I completely inclose with aluminum, which is grounded by connecting a wire from it to a gas fixture.

In treating Lupus the best results are

obtained from the use of a low vacuum tube, sufficiently low to just show the bone black through the fluoroscope. Let me caution here not to repeat this test often if you wish to save your finger nails. A piece of wood one-half inch thick, in which is driven a nail, will answer every test. This may be fastened on a piece of rubber, which will hold it in place in front of the fluoroscope. A few precautions only are necessary to prevent dermatitis.

Let me state here that dermatitis is not necessary to the cure of lupus, as some are still of that opinion. The tube should be at about six or eight inches from the patient. The hole in the lead shield should be of sufficient size to allow the ray to touch only the diseased parts. The eyes should be protected. The first sitting should be not more than five minutes, and the first few treatments should be five days apart, so that if idiosyncrasy toward the X-Ray is present it may be noticed. It is evident that the X-Ray has cumulative properties.

CASE I.

Miss E. A. No occupation. Age 31; height 5 feet, 4 inches; weight 145 pounds. Statement taken December 31, 1900.

Heredity negative. Her father is living, is fifty-six years of age and is healthy. Her mother is living, aged fifty-five, and is healthy. Her general health has always been good. The disease was first noticed following an attack of measles, five years ago, with which she was sick for six weeks. During her convalescence there appeared a redness upon the left side of the nose, near the junction with the lip. The disease progressed as is usual with such cases; that is, nodules with ulceration and scab formation. She has been under nearly constant treatment, both at home and in large cities. She was in Boston at a hospital for two weeks, and in Philadelphia about one month. In the latter city she was under the care of one of America's most noted dermatolo-

gists. Local treatment consisted of scarification three times a week. During these treatments she frequently had to be held by two or three attendants, the pain being so severe, no anesthetic being used. Good results followed this treatment, partial healing taking place. The disease, however, soon broke out with renewed vigor.

The patient placed herself under our care on the date above mentioned. The intention was to give her two treatments weekly, each treatment lasting ten minutes. The extent of the lesion is well shown in the photograph taken January 2, 1901, following the second treatment. She had no treatment excepting the X-Ray and the lotion, which consisted of Boric Acid, one dram to the pint, for the purpose of cleansing. After the second treatment the lesions appeared more active, and she complained of a shrinking sensation. She had a cold. A third visit showed considerable improvement in the large ulcers, situated one on each side of the nose. The edges appeared more even and they had healed over. She complained of some itching and a little burning. This treatment was given January 10th. On January 20th she complained of an occasional pain in the left eye. The cheek was somewhat swollen, drawing the lower lid downward. We discontinued the X-Ray treatment for ten days. January 30th the lesions were healing nicely, swelling all gone. The left eye somewhat congested. The second photograph taken. February 11th, healing nearly complete, but moderate hyperaemia. Treatments were continued twice a week. The last treatment was October 23, 1901. In all she has had twenty-seven X-Ray treatments. A little redness was the only sign of the disease. The cicatrix was soft. To overcome the redness I had her apply Parke, Davis & Co.'s preparation of Suprarenal extract with chlore-tone. It worked like a charm, as she expressed it. March 5, 1902, after exposure to the cold hyperaemia has increased, and there is itching and scaling. There is no evidence

of a reappearance of the disease. Had her apply, at Dr. Smith's suggestion, equal parts of Zinc Oxide ointment and Lanoline mornings, and before retiring to put on a compress of hot Witch Hazel. March 25th, redness, dryness, and scaliness still persists, but to a lesser degree.

CASE II.

Miss A. B. Occupation, school girl. Age 18; weight 118; height 5 feet 4 inches.

Statement taken June 24, 1901.

Father died of phthisis pulmonalis. Mother living and has a skin eruption on the chin. Previous history negative. Disease of four years' standing. First noted as a small pimple. It developed after the usual course, until now it covers two-thirds of the nose and the lower lip. She has been treated by her home physician, and on two or three occasions it has apparently healed. It gives no pain whatever, but there is a drawing sensation. The X-Ray treatment was advised, and was commenced on the 25th of June. Treatments of ten minutes' duration every other day were decided upon. Arsenauro and a Wahoo mixture were given three times a day to build her up, and an ointment of Mercuric Subsulphate in Lanoline, five grains to the ounce, was applied nightly to remove the crust. The first photograph was taken after the second treatment. It shows well the extent of the disease. After the first treatment healing was manifest, and the crusts were all removed. From this time on the healing was gradual. Nothing occurred especially worthy of note, excepting at the sixteenth treatment the upper lid of the left eye was inflamed. An eye lotion of Boric and Tanic Acids were used every two hours. The swelling had nearly disappeared the next day. The seventeenth treatment showed healing nearly complete. In all she had fifty-eight treatments. On examination the nasal septum was found in good condition. She was given a bougie to insert into the nasal cavity two or three times daily.

At the time the treatment was discontinued the only sign of the disease remaining was redness. She has gained sixteen pounds. The last treatment was given November 2d, 1901. The patient has written us a number of letters, and she states there is no recurrence of the disease, redness alone remaining.

In both cases here reported, the treatments were continued for a month after complete healing as a precaution against recurrence.

Buffalo, N. Y.

EPIGEA REPENS.

By H. J. BIRKENHAUER, M. D.

Epigea Repens.—Gravel plant, Trailing arbutus, Ground laurel.

Natural Order.—Ericaceæ.

Habitat.—United States.

Part Used.—Leaves and stems.

Botanical Description.—*Epigea repens* is a small trailing hairy plant, of the heath family, growing in sandy woods and rocky soil, on the northern exposure of hills, from Newfoundland to Kentucky, and flowers in April and May. The stems are from 16 to 18 inches long, entire cordate ovate leaves, and the flowers are very fragrant and of a rose color, or whitish; the leaves have a bitter astringent taste. The solvents are alcohol and water.

The constituents are Arbutin ($C_{12}H_{16}O_7$), Urson ($C_{20}H_{32}O_2$), Ericolin ($C_{34}H_{56}O_2$) (these same constituents are found in *Uva Ursi*), Tannic, and Formic Acid, and Gallic Acid.

Preparations and Doses.—

Fluid Extract Dose 30 to 60 M.

Specific Medicine Dose 5 to 30 M.

This remedy is of value in all conditions where the solid constituents of the urine are in excess, and where we wish to increase the fluidity.

In cases where there is a large quantity of Uric Acid present, producing the brick dust sediment, dark and heavy urine, and back ache, it will give ready relief of the

distressing symptoms, producing a free flow of urine.

In the acute stage of Gonorrhoea, where there is that frequent desire to urinate, with the severe burning and only a small quantity of urine passed at each micturation, I have employed it with very good results, producing less frequent urination, a much larger quantity being passed each time, and a marked decrease in the burning.

In Gonorrhœal Epididymitis and Orchitis, it aids very much the action of other remedies which we employ, such as Pulsatilla and Phytolacca, etc.; in these cases it aids in the re-establishing of the discharge, which has in the most cases decreased or entirely disappeared, when the swelling of the epididymis or testicle occurred; and the sooner this discharge is re-established, the quicker the relief from pain.

In Gonorrhœal Epididymitis and Orchitis employed in fair sized doses, at frequent intervals, in combination with other indicated remedies.

In cases of Cystitis where the urine is thick, dirty and heavy, full of mucous urates, and often pus cells, quick and marked relief may be given by the administration of this drug in hot water.

It is also very beneficial in congestion of the kidneys, where this is due to irritation from uric acid, and urates. It will cause a flushing of the tubules, and wash out the irritating substances. I have had cases of bleeding from the kidneys due to this same cause readily relieved by this remedy.

In all cases where you wish to increase the fluidity of the urine, always remember *Epigea repens*.

New York City.

OBSTRUCTION OF THE LACHRYMAL DUCT.

By W. P. BILES, M.D.

In the ECLECTIC REVIEW for March, 1902 appears a most excellent article on the treatment of the lachrymal apparatus by Prof. Alfred W. Herzog. I most heartily agree

with the Doctor that the operation of probing the nasal ducts requires skill, good judgment, and a thorough knowledge of the anatomy of the parts. Skill, that by tactus we may know that the probe is passing through a natural canal and not through the tissues. Knowledge that by the contour of the face we may know the direction the canal leads which differs very much with different individuals.

Ordinarily, when a Williams, Bowman, or other straight probe be passed, the upper part will rest firmly against the inner portion of the brow, while with others the probe will stand out one-half or even one inch from the brow.

A thorough knowledge of the anatomy of the parts is necessary before the student attempts to explore the canal.

A successful treatment of stenosis of the lachrymal canal by surgical means is not only the most difficult but the most painful operation the oculist is called upon to perform. To treat the case successfully the duct is first probed thoroughly and to prevent adhesions during the healing process the duct is re-probed at least twice or three times each week. We often are obliged to continue the probing for months before a cure can be promised. Patients living in distant parts seldom remain with the surgeon long enough for him to effect a cure.

There are hundreds of men who know but little of anatomy, and don't know anything about surgery and therapeutics, who call their practice Osteopathy, who treat stenosis of the lachrymal duct successfully without pain or the use of the probe. Their's is not a new discovery as they assert, but simply another forward step in Mano therapy, which is as old as the history of medicine. To employ this method of treatment or manipulation seat the patient on a stool or chair, the operator standing in front places the index finger of each hand behind the angle of the jaw on each side, have the patient open the mouth, then press the jaws forward as the mouth is slowly closed.

This manipulation should be repeated several times as it stimulates the fifth pair of cranial nerves.

The next manipulation is made with the patient in same position as above, the manipulator standing behind places a finger of each hand over the supra-orbital notch, making pressure with a vibrating motion. Continue for one minute. The next and last manipulation for this obstruction is given with patient and physician in the same position as in the second place the thumb of each hand against the side of the nose up at the inner angle of each eye, press firmly and hold for a few seconds, then move the thumbs down about half way and press the sides of the nose with a circular motion, care being taken that the thumbs do not slip on the skin, work the underlying muscles in this locality thoroughly. Each of the three manipulations should consume at least one minute and should be repeated every three days, and the pressure should not be hard enough to produce pain. Where there is no deformity of the lids as from contraction by burns, etc., the above will relieve nine-tenths of epiphoria due to stenosis in a few weeks and improvement can be seen in a few days.

I fear that many of the readers of the ECLECTIC REVIEW will think the above manipulation too easy to be of benefit in such obstinate cases; if so, please give it a trial. For five years the writer has not used a probe to relieve stenosis. Neither has he failed in a single treatment, a record he did not make when he relied on the canaliculus knife and probe to relieve lachrymal stenosis.

Custards, Pa.

An agent known as the wild bilberry is said to be a good remedy for diabetes.—Medical Summary.

It is stated that strong coffee, hot, will quickly overcome uterine inertia, if drank freely.—Medical Summary.

ANNOUNCEMENT AND CATALOGUE ECLECTIC MEDICAL COLLEGE

OF THE CITY OF NEW YORK,
No. 239 EAST FOURTEENTH STREET.

CHARTERED APRIL 22, 1865. ORGANIZED DECEMBER 19, 1865.
WHOLE NUMBER OF GRADUATES, 846.

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MEDICAL JURISPRUDENCE.

WM. R. SPOONER, LL. D., (Columbia), 436 E. 117th St., Professor of Medical Jurisprudence.

History. The Eclectic Medical College of the City of New York was incorporated by an act of legislature, on the 22nd day of April, 1865. The Board of Trustees are empowered by the charter, upon the recommendation of the Faculty and Board of Censors, to grant and confer the degree of Doctor of Medicine upon students of the College, aged twenty-one years, having pur-

sued the study of medicine for four years under the supervision of a reputable physician, and attended at least four full terms of instruction in an incorporated medical institution, the last of which terms shall have been held by this College.

The corporation thus established organized in the autumn of 1865, making choice of the following officers:

President, William F. Havemeyer; Vice-President, William C. Strickland, LL. D.; Treasurer, William Moller; Recording Secretary, Alexander Wilder, M. D.; Corresponding Secretary, Henri L. Stewart.

The following professors were also elected:

Wm. Byrd Powell, M. D., Emeritus, Cerebral Pathology; Robert S. Newton, M. D., Operative Surgery and Surgical Diseases; Edwin Freeman, M. D., Descriptive and Surgical Anatomy; Paul W. Allen, M. D., Theory and Practice of Medicine; Wm. W. Hadley, M. D., Materia Medica and Therapeutics; Thomas D. Worral, M. D., Obstetrics and Diseases of Women and Children; Jno. Youatt, M. D., Physiology and Pathology; J. Milton Sanders, M. D., Chemistry, Pharmacy and Toxicology. The building, No. 223 East 26th Street, was leased, and a course of lectures begun, October, 1866, which was attended by a class of forty students. The first commencement was held in the Cooper Union building, on the evening of February 25, 1867, and the degrees were conferred by the Secretary of the corporation upon a class of eleven—eight men and three women.

Horace Greeley delivered the address to the graduates.

The school was continued at the College building in 26th Street until the year 1875, when the premises No. 1 Livingston Place was purchased for college purposes, and used as such until 1889. In 1884 the school was reorganized, and the following officers elected:

Samuel Sinclair, President; Chauncey Shaffer, Vice-President; Thomas N. Rooker, Treasurer; F. R. Lee, Secretary, and Geo. W. Boskowitz, Dean.

The College has continued under this management until the present time. In 1889 the Board of Trustees secured the building No. 239 East 14th Street, and the College is now located at this place. Under

this management the school has made steady progress, raising its standard both as to the admission for students and the requirements for graduation.

Examinations are written, and an average of seventy-five *per centum* is necessary to obtain the degree. The facilities for instruction have been materially increased during this time; fine chemical and pathological laboratories have been added.

A dispensary in the same building furnishes ample material, and is in charge of the faculty of this institution.

Building. Our College Building is located at 239 East 14th Street. It is easily accessible from all parts of the city, and is about one mile from Bellevue Hospital. On commencement Day, May 15th, the Dean delivered to the Board of Trustees subscriptions by alumni and friends to fund now in course of collection, which assures for the College in the near future a home more commodious and better adapted to its needs.

Scholastic Year. This consists of a single session, commencing in September and continuing until May. As announced in the catalogue of '96-97, a graded course of four years was adopted, and has met with general approval. The Faculty and Trustees are gratified, knowing that the changes made in the course of study and the higher requirements demanded for graduation continue to meet with the approval of the Alumni and profession generally.

Registration and Matriculation. Students on entering the College will be required to register and pay the registration fee for \$5. They will receive a receipt for this fee, which will be exchanged for a certificate of full or conditional matriculation when they shall have complied with the Regents' requirements for such matriculation; but students who have already been matriculated at a medical college in the State of New York, according to the Regents' requirements, and those who already hold

medical students' certificates, will be matriculated immediately on registration.

Course of Instruction. A graded course of four years, arranged as follows: The studies of the first and second years are anatomy, and histology, physics, inorganic and organic chemistry, physiology, materia medica, with laboratory work in chemistry and histology; dissection and attendance upon the general medical and surgical clinics. The studies of the third year are descriptive anatomy, pathology and surgical anatomy, physiology, organic chemistry and toxicology, therapeutics, surgery, practice of medicine, obstetrics and gynecology, with laboratory work in pathological anatomy and clinics. The studies of the fourth year are practice of medicine, surgery, obstetrics, diseases of children, gynecology, diseases of the nervous system and of the ear, eye, skin, nose and throat, insanity and medical jurisprudence, with clinics. Every study taught in the College by lecture is also made the subject of recitations.

Outline of the Course. The course comprises recitations, didactic and clinical lectures and demonstrations. Practical clinical instruction given to groups of students, and laboratory work.

Recitations. The study of each branch is begun by recitations under the direction of the Quiz Master. These recitations take the place of much of the former didactic lecture system, and are extended throughout the four years.

Practice of Medicine. Upon this subject Professor Thompson will deliver three lectures a week during the entire course.

Clinical Medicine. Two clinics a week will be held in this department under the direction of Drs. Thompson and Oshlag. To specific medicine one hour a week will be devoted during the entire course by Dr. Bulson. Dr. Byron Clark will deliver a course of ten lectures upon positive diagnosis. Dr. H. S. Drayton will conduct

the clinic at Manhattan Hospital, and deliver a course of lectures on nervous diseases and insanity, and Dr. G. Rochelle a course on diseases of the stomach.

Surgery. Professor Boskowitz will deliver two lectures upon principles and practice, and one clinical lecture each week. Dr. J. Howard Yarnall one on rectal and minor surgery. Professor A. W. Herzog one on diseases of the eye, ear, nose and throat, and he will also conduct a clinic in this department. Professor E. M. Muncie will deliver a course of ten lectures upon official surgery, and conduct a clinic at the "Muncie Sanatorium." A course on Genito-Urinary Surgery and Dermatology by Prof. Wyatt-Hannath, and ten lectures on orthopedic surgery by Prof. Rohde, will be given during the session.

Obstetrics, Gynecology, and Diseases of Children. Professor Max Augsburg will deliver two lectures each week upon obstetrics, and Profs. Muncie and Hinds each one lecture a week in their respective departments.

Chemistry. Professor Max Meyer will deliver each week two lectures upon inorganic chemistry, and one on toxicology.

Anatomy. Professor Hyde will devote three hours each week to general and descriptive anatomy, and one hour each week to surgical anatomy. Dr. Tobynne one hour each week on surgical landmarks.

Materia Medica and Therapeutics. Professor Fitch will give three lectures each week during the entire course.

Professor Sibley will deliver one lecture a week during the entire course upon Suggestive Therapeutics.

Dr. Season will deliver one lecture a week during the course, on pharmacy.

Electro-Therapeutics. Professor Waite will deliver a course of fifteen lectures in this department.

Physiology. To the subject of physiology four hours a week will be devoted during the entire course by Professor Gunning.

Hygiene. Dr. Brandenburg will deliver one lecture a week during the entire course upon this important subject.

Medical Jurisprudence. Professor Spooner will deliver a course of lectures on this subject.

Recitations. Two hours a day will be devoted to recitations, under the direction of the Quiz Masters.

Laboratories. The Chemical Laboratory will be under the direct supervision of Dr. Meyer and his assistants, and each student has a desk and chemicals for his own use, and is supplied with all necessary apparatus. Students are required to make numerous examinations of albuminous, diabetic and other abnormal specimens of urine. Dr. Meyer is also in charge of the Bacteriological Laboratory.

The Pathological Laboratory will be in charge of Professor Meyer and Dr. Scimeca. Each student will be taught the technique of the microscope, and instructed in the preparation, cutting, staining and mounting of specimens, and in the structure of the several tissues and organs of the body. The Laboratory classes are divided into sections of fifteen in each group.

Gross Pathology. Dr. P. Nilsson will perform autopsies several times during the session, in order that the class may become acquainted in a general way with the gross appearance of diseased organs. Students of the fourth year will be required to perform autopsies under the direction of Dr. Nilsson, and receive instruction in the technical precedures required in ordinary and in medico-legal cases.

Dissections. Students are required to dissect during at least two sessions of the course. Our rooms are large and well ventilated, and will be in charge of Drs. Hyde and Tobynne. Material is furnished free of charge to students.

Resources for Clinical Instruction. College Dispensary located in College Building.

The material from this institution is utilized for the purpose of clinics. Thousands of patients are treated in the Dispensary each year, presenting a variety of diseases, and affording an excellent opportunity for observation and to make the student familiar with the various morbid appearances.

Beachonian Dispensary, 183 Ludlow Street. In charge of Drs. Schultz and Bernstein. This institution is located in the crowded East Side and the material for clinical instruction is abundant.

Bellevue Hospital. This institution is situated on 26th Street and East River, about one mile from the College Building, and is the charity hospital of New York City. It is open to all medical students for clinical study. Its conveniences and accommodations are co-extensive with its purposes.

Clinical lectures are given on surgical operations made daily. Post-mortem examinations are also held, to which medical students are admitted. Our students are required to attend these clinics, which afford them a large field for observation and study.

Manhattan Hospital. At this institution, which now has control of the State insane, Professor Drayton will conduct a clinic and exhibit cases during the month of March.

Red Cross Hospital. Students have the privilege of attending the clinics of Prof. A. M. Lesser, Executive Surgeon, Red Cross Hospital, No. 110 West 82d Street, New York.

Muncie Sanatorium, 119 Macon Street, Brooklyn. Drs. E. H. and L. H. Muncie are in charge of this institution, and our students are invited to many important operations during the session.

Library and Reading Room. There is an excellent Library and Reading Room attached to the College. Through the liberality of Mrs. G. Keleman, the library of the late Dr. A. J. Keleman has been added. The Beachonian Society (Students' Asso-

ciation) adds many valuable books each year.

Requirements for Graduation. The requirements for graduation are that each candidate be at least twenty-one years of age, of good moral character, and have studied medicine for four years under the supervision of a reputable physician, and have attended not less than four full terms of instruction in an incorporated medical college, the last of which shall be in this College, and must present evidences of having complied with the law concerning preliminary examinations. Candidates rejected at the final examination will not be re-examined until after having taken another course of lectures.

Advanced Standing. Students who have attended one or more courses of lectures at other recognized medical colleges, who may desire to be admitted to advanced standing in this college, will be credited with the work they have done, if satisfactory evidence is presented that final examinations have been passed.

Fees and Expenses. All fees are payable in advance, and are as follows: For matriculation or registration, \$5.00 payable

each year. For the year's lectures, \$125.00. A perpetual ticket, entitling to attendance upon four or more courses, may be obtained upon payment of \$400.00 in advance. Dissection, \$10.00; Chemical Laboratory, \$10.00; Pathological Laboratory, \$10.00; Bacteriological Laboratory, \$5.00; Examination, \$25.00; Diploma, \$5.00. Tickets are not returnable.

A certificate of scholarship, entitling the holder to keep a student in the College perpetually, \$1,000.00.

In connection with the College is a Dispensary, at which patients present themselves for treatment in large numbers each day. Students of the College have every opportunity of studying these cases under the care of a competent body of instructors, and are thus made familiar with the best methods of examination and treatment of a class of cases which the busy practitioner encounters in his every-day practice. This department is one of great importance in connection with the clinical resources of the College.

The rooms of the Dispensary are open from 10 to 12 o'clock A. M., and from 2 to 5 o'clock P. M., every day except Sunday.

STAFF OF PHYSICIANS AND SURGEONS.

House Surgeon—P. Nilsson, M. D.

House Physician—H. Harris, M. D.

Monday—Drs. B. Turkel and P. Nilsson.

Tuesday—Drs. A. Loewit and A. W. Bloomer.

Wednesday—Drs. V. Sillo and M. A. Strum.

Thursday—Drs. M. Scimeca and M. G. McGinnis.

Friday—Drs. H. Dincin and E. Irwin.

Dr. H. J. Birkenhauer, Superintendent.

Saturday—Drs. A. Kiraly and H. Harris.

CONSULTING PHYSICIANS AND SURGEONS.

G. W. Thompson, M. D.

George W. Boskowitz, M. D.

O. A. Hyde, M. D.

E. H. Muncie, M. D.

W. L. Heeve, M. D.

G. O. Heffter, M. D.

C. W. Fitch, M. D.

A. W. Herzog, M. D.

CALENDAR 1902-1903.

1902.

Regular Winter session begins.....Wednesday, September 24
 Election vacation.....Monday and Tuesday, November 3 and 4
 Thanksgiving vacation begins.....Wednesday afternoon, November 26
 Lectures resumed.....Monday, December 1
 Christmas vacation begins.....Wednesday afternoon, December 24

1903.

Lectures resumed.....Monday, January 5
 Legal holidays.....February 12 and February 22

Preliminary Examination.—The Preliminary examination of medical students is under the control of the Board of Regents of the University of the State of New York. Those contemplating the study of medicine are advised to apply to the Examination Department, University State of New York, Albany, by letter or otherwise, for information concerning this examination.

GENERAL INFORMATION.

Letters requiring information as to the College and requests for announcements should be addressed to G. W. Boskowitz, M. D., Dean, or O. A. Hyde, M. D., Registrar, Eclectic Medical College, City of New York.

Students are requested on their arrival in the City to call at the College and register their names. Arrangements have been made by which students can obtain boarding places in the neighborhood of the College at from four to six dollars per week. Baggage may be sent to the College directed to the care of the Registrar. Announcements will be sent annually to all the Alumni of the College, and to that end Alumni are earnestly requested to inform of any change of address.

THERAPEUTICS.

Edited by
 JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

VACCINATION.

An unusual number of cases of small-pox have recently occurred throughout the New England and some other States. In New Britain, Conn., there are at this writing forty cases under treatment and several suspected persons under observation. When the disease first appeared in that city it was diagnosed chicken-pox. Such a mistaken diagnosis must have resulted from a very superficial examination, for chicken-pox and small-pox each have characteristics sufficiently marked to enable the careful physician to make a differential diagnosis fairly free from doubt. In chicken-pox the eruption occurs chiefly on the *covered* surfaces.

On the first day a few spots appear, on the second day a few more, and so on, day after day, while those that appeared at first are going on to maturation; consequently the eruption presents all stages at the same time. The eruption at first appears in the form of red elevations. In a few days these become vesicular and transparent—later opaque and then dry. The papilla may vary in size, and the fever is usually very moderate. In small-pox the eruption occurs chiefly on the *exposed* surfaces of the body, is of uniform size and comes out almost all at one time. The character of the lesion in the two diseases is also very different, the small-pox lesion being a firm shotty papilla, developing into a vesicle. In small-pox there is severe pain in the back and loins, often violent fever with bounding pulse and troublesome nausea. The eruption appears first on the lips, palate and forehead. There is great relief from occurrence of the eruption. Another important factor in the differential diagnosis of the two diseases is whether or not the patient has been recently vaccinated,

for if a good vaccination scar is present, one can more safely exclude the likelihood of the case being one of small-pox. It is said that one of the most difficult diseases to distinguish from small-pox is pustule syphiderm, and many instances are recorded where one has been mistaken for the other, the most important feature in the differentiation being the previous clinical history of the patient. Hartford, Waterbury, Norwalk, and several other cities in Connecticut, have also recently had a number of cases of small-pox.

The unusual prevalence of this loathsome disease has naturally caused a renewed interest in vaccination, and, as a result, many valuable statements in reference to its preventive power have recently been published.

Dr. Reynolds, of Chicago, in an able and exhaustive paper, states that not one of the three hundred and forty-six cases of small-pox discovered in that city within the last three years was found vaccinated in a proper manner. Of the total number, three hundred and six never had been vaccinated at all, though most of them claimed that they had. Examination of the arms proved that these attempts at vaccination were failures—there was no scar—and the patients finally admitted that the vaccination when performed did not “take.” Of the remaining forty cases, twenty-six had old, irregular and doubtful scars said to be the result of vaccination; but these were not characteristic—they were more like the scars from infected sores or wounds than those of vaccine. Nine had fair old scars of vaccination made from thirty to forty years previously. Only five had characteristic scars; but these also were the results of vaccination made many years before and never repeated. In no single case had the vaccination been repeated until it would no longer “take.” If it had been the doctor believes that small-pox could not have been contracted. In speaking of vaccination, Dr. Reynolds says:

“There is no operation so simple and so safe as vaccination when properly performed and cared for. There is no operation in which such serious results follow carelessness and ignorance—even unto death itself, either as a direct result through poisoning of the vaccination sore or from small-pox through failure to secure a successful protective vaccination. It is to be understood that the vaccination herein referred to is that made on a clean arm with pure lymph and kept perfectly clean and unbroken afterwards. Each one of these points is essential to a protective vaccination and to freedom from serious soreness: The utmost attainable cleanliness; absolute purity of the vaccine lymph; an unbroken surface, by which latter all danger of contamination from external sources—the atmosphere, clothing, soiled hands, etc., is prevented. To be more specific on these points: The arm should be first thoroughly washed with soap and water and the site of the operation then wiped with alcohol. After the vaccine spot has dried, pin a clean soft handkerchief or piece of clean soft muslin to the shoulder-seam of the undershirt so as to hang in loose folds over the spot and prevent the sleeve from rubbing it. This must be changed for a clean one every day until the scab comes off and the surface is healed. The vesicle and resulting scab must not be broken or injured in any way and the arm and its coverings must be kept scrupulously clean from the time of the vaccination until it is well.”

In giving his opinion of the value of vaccination as a means of preventing small-pox, Dr. William Welch, a man of extensive experience in the treatment of contagious diseases, comments at length upon the fact that of the eight hundred people admitted to the Municipal Hospital in Philadelphia during an epidemic of small-pox in that city, not a single case had recently been successfully vaccinated. He also says that numerous instances have been observed where whole families have been taken to

the Hospital, one of them suffering from this disease, and, although they had all been continuously exposed to small-pox for several weeks, those members who had recently been successfully vaccinated remained entirely immune. Instances have also come under his observation where vaccinated infants have taken their daily nourishment from the breast of their mother suffering from varioloid and have remained entirely free from small-pox.

In a carefully prepared article on the technic of vaccination, Dr. Judson Daland calls special attention to the importance of proper cleansing of the skin prior to the operation. Not only should the skin be thoroughly cleansed, but it should be rendered aseptic by the free application of alcohol. The author recommends the use of a sterilized steel five-pointed scarificator, which should be drawn parallel with the long axis of the limb and the scratching continued until there appears over a surface about a quarter of an inch in diameter a moisture composed of serum slightly blood-tinged, after which the scarificator should be moved at right angles until the wound presents a uniform pink appearance due to slight exudate of blood-stained serum. After this the virus should be applied and brought into thorough contact with the abraded surface by means of the scarificator.

Prof. C. A. Lindsey, M.D., secretary of the Connecticut State Board of Health, in substance, says that most people never undergo in all their lives a more important surgical operation than vaccination. The doctor also believes that more than nine-tenths of the evils resulting from vaccination are caused by neglect, instead of bad vaccine virus, as is often claimed. He objects to vaccination on the leg and truthfully remarks that this silly fashion is many times a dangerous one. The friction and stirring up of dust on the streets by the skirts may cause septic inoculation.

DID ANTITOXIN SAVE THE LIFE?

John W. Fyfe, M.D., My dear Doctor: In the March number of the REVIEW, under the caption of "What Did It," a contributor gives his experience with a severe case of diphtheria in which specific remedies failed and antitoxin proved successful. The treatment and termination of this case does not lessen my confidence in specific medication; neither does it strengthen my confidence in antitoxin as a remedy in diphtheria. The doctor does not say how long the specific remedies were given, neither does he tell us if any other remedies were indicated. In my experience with this disease (which has been extensive) I never met a severe case of diphtheria but there were indications for other remedies than those used by the doctor in this case. The dusky appearance of the face, like one exposed to cold, so commonly met with in laryngeal diphtheria, calls for baptisia. With well marked indication it will benefit the patient without fail. Belladonna, Gelsemium, and many other remedies are liable to be indicated. Combined with the sedative the heart calls for, the chief glandular remedy, *Phytolacca*, should be given.

One of my patients, an adult, had the usual symptoms of diphtheria and Aconite and *Phytolacca* were given. Twenty-four hours later ashen gray patches had formed over the tonsils and pharynx. Another day and the tonsils and pharynx were covered with a membrane, and in twenty-four hours later the membrane had extended forward to the teeth and through the nasal passages, which were entirely obstructed, breathing very labored, and cyanosis rapidly developing. It was in the evening I found him in this condition. As I stood by his bedside for the last time, I thought, I saw a symptom I had overlooked—a puffiness of his lower eyelids. I prescribed *Apocynum*, gtt. x to aqua $\frac{3}{4}$ iv; a teaspoonful every fifteen minutes till eight doses had been taken, then every hour. All other treatment was discontinued, and in two hours

all could see a marked improvement. At my early visit, the morning of the fifth day, I found the membrane fastly disappearing and the temperature normal. My patient was convalescent and made a good recovery without complications. Would he have done so had Apocynum not been administered? I don't believe he would.

Another case, Julia K., age six, had had laryngeal complications for fifteen hours. Her treatment had been old school—quinine and iron, with nitrate of silver applied locally. I being called in consultation, thought her to be moribund, and told the mother there was no use of forcing the child to take medicine, as she resisted terribly. All treatment was discontinued. A few hours later she began to improve and is living to-day.

In the case the doctor described he could see no improvement. Six hours after antitoxin was administered he thought her to be dead; then soon discovered her to be sleeping. In acute cases should we give credit to a remedy where six hours had intervened between its administration and improvement?

In Illinois a family of four children suffered with malignant diphtheria. The house was divided, as the father preferred allopathic, while the wife was accustomed to homeopathic medication, and hence three boys were treated with antitoxin. They all died. The girl, aged eight, was treated homeopathically and made a good recovery. The children were sick at the same time, in the same house, with like surroundings and nursing. Two doctors, an allopath and a homeopath, made regular visits to their respective patients. The old school doctor admitted that the little girl had as severe an attack as the boys, and condemned the antitoxin treatment.

In the case the doctor describes antitoxin was not administered until after the larynx was involved. Behring says that when laryngeal complications develop it is then too late for antitoxin to be beneficial.

"What did it?" the doctor asks. Time, the great healer, just as it did for the little girl I thought to be in *articulo mortis* and stopped all further treatment.

The writer has had an extensive experience in the treatment of diphtheria, has tried every new treatment recommended for the past thirty years and can truthfully say that specific medication and the Schuessler tissue remedies afford the most reliable treatment now known. To get the best results the doctors must watch, think, and meet every pathological condition with its remedy. It is impossible to give a line of treatment that will meet all cases. Watch carefully for the indications and meet them promptly. If you have mastered specific medication and specific diagnosis you are armed with knowledge that will carry you through any epidemic of diphtheria with a lower mortality than can be secured by those who rely on the serum or any other treatment.

W. P. BILES, M.D.

Custards, Penn., June 5, 1902.

LEONURUS CARDICA.

Common Name.—Motherwort.

Natural Order.—Lamiaceae.

Part Used.—The whole plant.

Description.—This plant is a perennial, with stems from two to five feet in height. The leaves are in opposite pairs, somewhat downy, rough, and dark-green in color. Its flowers are purplish or whitish-red, and in numerous axillary whorls. The plant has a peculiar aromatic odor and a slightly aromatic bitter taste.

Dose.—Fluid extract, 30 drops to 2 drachms.

Usual Dose.—1 drachm.

Indications.—Suppressed lochia; stoppage of the menstrual discharge from cold; dysmenorrhœa when there is nervous excitability; chronic diseases accompanied by wakefulness and restlessness; hysteria; nervousness from irregular menstruation; bearing down pains and morbid sensibility

from uterine disease; pain in the pelvic and lumbar regions of females.

This drug is regarded by many physicians as a remedial agent of superior merit in suppression of the lochia. It is also an efficient remedy in the morbid sensibility which is frequently associated with uterine diseases.

Leonurus Cardica is emmenagogue, nerve, antispasmodic and laxative.—*Fyfe's Materia Medica and Therapeutics.*

SUMMER COMPLAINT.

The following suggestions in reference to the treatment of the various forms of summer complaint are selected from Dr. Mundy's new and valuable work on the diseases of children:

"There are three considerations that stand out prominently in the prophylactic treatment of these infants: they are fresh air, proper food, which also includes regularity in feeding, and cleanliness. * * As a general rule, the mother's milk is preferable, and the case would be exceptionable, where I would recommend that the child be weaned. * * Overfeeding is nearly as frequently a cause of dyspeptic diarrhoea as is improper food. Some mothers think that every time the child cries it must be fed, not realizing the fact that the child needs water, as well as the adult, and especially so in hot weather. Scrupulous care of bottles and nipples is essential. The milder derangements of the stomach and bowels should also receive prompt attention, and never should be allowed to go untreated simply because the child is 'teething.' * * The clothing should be loose and light. Light-weight flannel is commendable. If the skin is sensitive, a thin cotton garment can be placed next the person. Cleanliness of napkins is necessary. They ought to be removed as soon as soiled, and placed in some disinfectant solution and boiled. Care in this respect and the use of some absorbent powder, such as lycopodium, boric acid, bis-

moth, or talcum, will usually prevent excoriations of the buttocks and genitals, which at times are so distressing. * * A daily sponge bath with soda water we have found to be not only an antipyretic, but equally efficient to quiet the nervous excitement and restlessness. * * We are convinced that many cases can be relieved only by careful attention to or correction of the diet. * * The food should be selected with the same care we use in the selection of our medicines. What one child thrives upon will not suit all."

In describing the stools of infants, Dr. Chapin, in substance, says:

The normal infant stool is smooth, yellow, homogeneous, and about the consistency of thin mush. Green stools are due to a fermentation, which is probably the result of bacterial action. Stools can only be considered green when that condition is evident immediately upon their passage, as all stools become green a certain time after passage. Curdy stools may be produced by undigested casein or fat. The former are hard and yellowish, while the latter are soft and smooth, much like butter. Slimy stools are the result of catarrhal inflammation. When the mucus is mixed with fecal matter the irritation is high up in the bowels, but when flakes or masses of mucus are passed the trouble is near the outlet. Yellow stools are seen in depressed nervous conditions, especially in the hot days of summer, when the bowel is relaxed, and the inhibitory fibres of the splanchnic nerve do not act to advantage. Very foul stools are caused by decomposition of the albuminoid principle of the food. Profuse, colorless, watery stools, with little fecal matter, are doubtless caused by an infective germ, akin to that of Asiatic cholera. This is the character of the stool seen in cholera infantum. It is rare to see one of these types by itself. With the exception of the last, they may be seen in all combinations.

If your bowel troubles are not doing well, doctor, clean up the intestinal tract with glycerin and castor oil. Put equal parts of castor oil and glycerin into a bottle, call the mixture Glycerin compound, and administer one or two teaspoonfuls every morning until the stools present a character less abnormal. I have a notion that the free use of this stuff has frequently enabled me to lessen the supply of little angels. Don't try to hurry these cases, and always remember that the demand for opiates and other astringents is much less than has often been supposed.

It is seldom that a foreign body can be removed from either the nose or ear by the use of forceps, even by individuals who are skilled in their use.—*Dr. K. C. Felt.*

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The Association was called to order at 10.30 o'clock in the morning of June 17th at the Pfister Hotel in Milwaukee by the president, George W. Johnson, of San Antonio, Texas.

Prayer was offered by the Rev. R. K. Mannatoo, of Milwaukee. The welcome was given by Dr. Rodecker, of the Wisconsin State Society. This was responded to by Dr. McCann, of Monticello, Indiana.

After a call of officers and the announcements of the committees, the secretary made his annual report and the session proceeded at once to the reading and discussion of papers. This occupied the first day. The discussions were spirited and practical. In the evening the session held in the parlors of the Hotel Pfister as an informal reception was an exceedingly pleasant one. Dr. Ketchum made an address for the association; this was followed by an address by Mrs. E. Lee Standlee.

After this the president, Dr. Johnson, delivered the annual address—a scholarly production, which was well received.

Miss Stetson, of Lima Center, Wis., and Mrs. Geo. W. Johnson read. Music was furnished by the Puritan Male Quartette, of Milwaukee.

Refreshments were served after the program, and all enjoyed the evening.

The morning session of Wednesday opened with the transaction of the ordinary business, after which the president called for the annual report of the Secretary. The Secretary reported upon the status of Eclecticism, and upon the danger from affiliation which now threatens us, and recommended that measures be taken at once to thoroughly organize the school and antagonize all propositions of affiliation. The report was most enthusiastically received and referred to a committee which reported on the second day that 15,000 copies of it be printed and distributed to Eclectics and liberal physicians in the United States at the expense of the Association. Section work was then resumed for the remainder of the forenoon. In the afternoon the association took an outing to White Fish Bay.

On the evening of Wednesday, the 18th, a meeting of the secretaries of the different State societies was called in the club room. This was an enthusiastic session for Eclecticism and resulted in recommending that the by-laws of the Association be changed in order that the committee of status be composed of the secretaries of the State societies, with the Secretary of the National as chairman. The expectation being that a united effort will be made by the secretaries in developing Eclecticism in each State, and in thoroughly consolidating the whole, in order if possible to ultimately get every Eclectic physician in the United States into our societies.

The session on Thursday was devoted to the reading of papers in the morning and the reports of the committees in the afternoon. The following officers were elected:

President, Dr. J. D. McCann, Monticello, Ind.; First Vice-President, Dr. R. C. Wintermute, Cincinnati, Ohio; Second Vice-

President, Dr. J. V. Stevens, Jefferson, Wis.; Third Vice-President, Dr. W. B. Ketchum, Lincoln, Neb.; Recording Secretary, Dr. Finley Ellingwood, Chicago, Ill.; Treasurer, Dr. W. T. Gemmill, Forest, Ohio; Corresponding Secretary, Dr. N. A. Graves, Chicago, Ill.

The Association will meet next year at Indianapolis, Indiana.

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

The forty-second annual meeting of the Massachusetts Eclectic Medical Society occurred on the fifth of June, being held at "Hotel Thorndike," Boston, Mass.

There was a goodly attendance of both members and visiting friends.

The reports of the various committees showed that good work had been done for the cause of Eclecticism during the year.

Among many things of which we may be proud was one which will reflect honor upon the entire Eclectic School of Medicine—the election of a woman as president. So far as I know this is the *first* instance when a woman has been honored with this important position. Our new president is a graduate of the first college which admitted women among its students—the Eclectic Medical College of the City of New York—and was the valedictorian of her class.

The following officers were elected for the years 1902 and 1903: *President*, Lillian G. Bullock, M. D., Manchester, N. H.; *Vice-President*, William H. Russell, M. D., Ipswich, Mass.; *Corresponding Secretary*, Lydia Ross, M. D., Watertown, Mass.; *Recording Secretary*, Pitts Edwin Howes, M. D., Boston, Mass.; *Treasurer*, E. Edwin Spencer, M. D., Cambridge, Mass.; *Librarian*, Nathan L. Allen, M. D.; *Councillors*, Drs. C. Edwin Miles, F. W. Abbott, W. A. Earle, D. L. Powe; *Anniversary Committee*, Drs. Lydia Ross, Pitts Edwin Howes.

Among the papers which attracted much attention were those on Tubal Pregnancy, by Darius L. Powe, M. D.; "Gall Stones

with Operation," by John Perrins, M. D.; "Tubercular Meningitis," by C. Edwin Miles, M.D., and "Cactus Grand," by Lydia Ross, M. D. A lively discussion upon the "Importance of Vaccination in Small Pox" was one of the features of the occasion. It was introduced by E. Edwin Spencer, M. D., and participated in by nearly all present. The consensus of opinion was strongly in favor of vaccination.

An extremely interesting clinic was presented by Lillian G. Bullock, M. D.

Several of the papers, as well as the history of the clinic, will be given to the "Review" readers later in the year.

Owing to the enforced absence of the Orator, through sickness, the oration upon "What is Truth" was read by the Secretary.

The Annual Dinner which followed was exceptionally good.

Drs. C. Edwin Miles and F. W. Abbott briefly and pertinently reviewed the history of the Massachusetts Eclectic Medical Society, covering the first twenty years, respectively.

The Rev. Dr. Edward Abbott, of Cambridge, responded for the clergy.

Prof. Wyatt-Hannath, M. D., of the Eclectic College of the City of New York, spoke eloquently and forcibly of the accomplishments and needs of the institution which he represented.

Dr. John Perrins followed, describing what he had witnessed at the recent commencement, how much he was pleased, and of his promise to influence Massachusetts Eclectics as much as possible to aid in up-building the worthy exponent of Eclecticism in New York City.

Music was interspersed during the remarks, and the whole combined to make a pleasing and profitable occasion.

PITTS EDWIN HOWES, M. D.

Recording Secretary.

Boston, June 5, 1902.

Send in your subscription for the REVIEW.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The annual meeting of the above association will be held at the Hotel Kaaterskill, Catskill Mountains, New York, on the 2d, 3d and 4th of September, 1902. For particulars, write Dr. Robert Newman, No. 101 West 80th Street, Chairman of Executive Council.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

S. E. S. Will you kindly give me your opinion as to what was the cause of the following condition?

A woman of good health, though very tired, had just commenced to menstruate when she was obliged to walk about a mile and a half in snow and slush. She was thoroughly soaked to the skin. She returned home after her work was done, and stiffened out and lay in a comatose condition for twenty-four hours. After a while sight came back to her eyes, but there was no ability to move a muscle in the body. The first movement possible was the rolling of the eyes. With the return of sight was perfect consciousness, although it could not be expressed. The next motion was the flexion and extension of the fore finger of the right hand, which she kept repeating for the whole day. Then she was able to turn her head. Little by little motion came to all parts until they moved as freely as before. It was several days before her speech returned. There were no signs of convulsions. Her health is as good now as before the occurrence.

The above was printed in the "query department" of the REVIEW for May and its readers asked to forward their opinions to the editor of this department. The following expresses the consensus of the opinions received:

"The exciting cause of the clinical phenomena in the case reported in the May REVIEW, by 'S. E. S.,' probably was the occurrence of the menstrual epoch, complicated with exposure to the severely inclement weather and over exertion. The conditions suggest either profound hysteria or a loss of consciousness and motor power from blood clot or serous effusion at the base of the brain."

I heartily endorse the above, but am strongly of the opinion that hysteria of a profound nature was at the bottom of the mischief.

W. B. "For the past fifteen months I have had under my care a case of Progressive Pernicious Anemia, at least that is the consensus of opinion of quite a number of different physicians who have examined the patient with me in San Francisco, New Orleans, and here in Mexico. I have used iron in almost every conceivable formulae and with quinine and strychnine. I got the best results from Pepto-Mangan—Gude—but in spite of all care and medication there was a gradual failure of vitality. About eight weeks ago I began the use of Cacodylate de Soude hypodermically. It is prepared by Clin & Cie., Paris, and enjoys an enviable reputation here amongst Mexican doctors in the treatment of all forms of Anemia. The first five weeks showed the most encouraging results. An increase of twenty-two pounds in weight, with corresponding increase in strength, improved digestion, and the bowels, which had been one great source of trouble by their continued looseness, became natural in their actions. But then a gradual commencement of the old symptoms began, and now he is practically where he was before we began the injection of the 'Cacodylate de Soude.' He

has lost weight and strength and is suffering from an exhausting diarrhoea that seems to defy treatment. There is a history of heavy drinking, and much worry and trouble of a business up to a year ago. There was quite an enlargement of the liver when I first saw the case. This has almost entirely disappeared. We are at an altitude of over 7,000 feet, but it does not seem to affect either the heart or respiration. If you can give me any advice as to methods to stay the progress of the disease, I shall certainly appreciate it. I will watch the 'Query Department' with anxious eyes."

From what you have said, I should deem it most important to get the bowels and stomach into proper condition so that they will perform their duties in a normal manner. For the diarrhoea I would use an infusion of logwood chips, giving a half cup of the infusion three or four times a day. Then if there is much pain in the bowels I would use Tinct. Colocynth, gtt. ii. and Tinct. Dioscorea gtt. xv. in four ounces of water, giving teaspoonful doses every two or three hours. For the stomach if there is faulty digestion I would prescribe Tinct. Hydrastis ʒss, Tinct. Capsicum gtt. v., water ʒiv.; give teaspoonful once in two hours. When the bowels and stomach commence to improve I would use Howe's Acid Solution of Iron, made as follows: Dissolve two parts, by weight, of sulphate of iron in one part of nitric acid and ten parts of water. Filter and give three or four drops in two tablespoonfuls of water, to be repeated every three or four hours. I would make the base of nutrition, pickled fat pork, boiled until it will drop to pieces. This is easily digested and usually much relished. The dose of tinctures given are from Lloyds Specific Tinctures. Please report progress.

Enclose fifty cents and receive the REVIEW for the remainder of the year. It will more than repay the outlay.

SELECTIONS.

THE PREVENTIVE AND CURATIVE TREATMENT OF HAY FEVER.

It is difficult to conceive of a more miserable creature in all the world than the hay-fever sufferer. The attack not only makes him exceedingly uncomfortable, but renders him unfit for business or the pleasures of society. Aside from the annoying and continual discharge from the nostrils, the eyes are suffused, the secretion of tears is increased, the nasal passages are obstructed, and an intense burning sensation is experienced: the latter is not entirely limited to the mucous membranes, but not infrequently involves the cutaneous surfaces of the forehead, cheeks and nose. Violent attacks of sneezing occur which are so prolonged, at times, as to completely exhaust the sufferer and bring on severe headache. The condition is one of utter wretchedness, and there is extreme malaise, amounting occasionally to complete prostration. The lightest duties become irksome tasks, and many an active, industrious, and useful member of society is completely incapacitated while "the season" lasts.

For years some convenient means of relief has been sought. Change of scene does very well for those, unfettered by business, who can afford to travel. But to many very worthy people a change of scene is out of the question. Naturally the greater number of the afflicted are accustomed to look to the medical profession for the help they need. But what has the medical profession actually accomplished for the permanent relief of the sufferer or the cure of his ailment? There is scarcely a sedative, astringent, tonic, nervine, or alterative drug in the materia medica that has not enjoyed an evanescent reputation as a useful remedy in the treatment of hay fever. Until the discovery of Adrenalin, each had been as much of a disappointment as its predecessor and none had afforded more than the merest temporary relief.

There is increasing evidence that Adrenalin fully meets the indications as a remedial agent in hay fever. It controls the nasal discharge, allays congestion of the mucous membranes, and in that manner reduces the swelling of the turbinal tissues. As the nasal obstruction disappears, natural breathing is materially aided and the ungovernable desire to sneeze is mitigated. In short, a season of comparative comfort takes the place of the former condition of distress and unrest. Adrenalin blanches the mucous membrane by vigorously contracting the capillaries and thus reduces local turgescence. It strengthens the heart and overcomes the sense of malaise so frequently a prominent feature in cases of long standing.

In the treatment of hay fever the Solution of Adrenalin Chloride should be used. This preparation is supplied in the strength of one part Adrenalin Chloride to one-thousand parts Normal Saline Solution, and is preserved by the addition of 0.5 per cent. Chloretone. The 1-1000 solution should be diluted by the addition of four parts Normal Salt Solution, and sprayed into the nares with a "Cocaine" atomizer. In the office, the 1-1000 solution may be applied in full strength. A small pledget of cotton is wrapped about the end of an applicator and moistened with a few drops of the solution (1-1000). The speculum is then introduced, the patient's head is tilted backward in a position most favorable for thorough illumination by the head-mirror, and the visible portions of the lower and middle turbinate bodies, and the septum are carefully and thoroughly brushed. The same application is made to the other nostril, when usually relief follows, in a few moments. Should the benefit prove only partial, the 1-5000 solution may now be sprayed into both nares, and a few drops instilled into both eyes. The effect of this treatment may be expected to last for several hours. Indeed some physicians report that it is necessary to make but one

thorough application daily to afford complete relief.

It is also recommended that Solution Adrenalin Chloride be administered internally in 5 to 10 drop doses, beginning ten days to two weeks prior to the expected attack. In explanation of the beneficial effect of the drug when used in this manner, the suggestion has been made that hay fever is essentially a neurosis, characterized by a local vaso-motor paralysis, affecting the blood supply of the eyes, nose, face, and pharynx, and occasionally of the laryngeal and bronchial mucous membranes. Adrenalin overcomes this condition, restores the normal balance in the local blood pressure, and thus aids in bringing about a cure. The profession is to be congratulated that it has at last an agent that, if not a specific, fulfills the therapeutic indications more completely and with greater satisfaction than any other remedial measure recorded in the history of medicine.

SEASONABLE SUGGESTION.

Digestive disturbances so prevalent at this season and followed by Diarrhoea, Cholera Morbus and Cholera Infantum demand prompt attention and treatment. Hayden's Viburnum Compound (genuine) administered in dram doses in hot water not only corrects the existing condition but is a pronounced antispasmodic and relieves the severe pain accompanying these cases.

YEAST IN THE TREATMENT OF SMALL-POX.

The favorable results obtained from yeast in furunculosis suggested to Dr. S. Petri the employment of the same substance in small-pox. Two patients, about forty years of age, who had not been vaccinated since childhood and who were attacked with a very confluent form of variola, were treated with fresh beer-yeast in teaspoonful doses, five to six times a day. No other treatment

was employed. The pustules dried up rapidly, without the formation of any pitting and there was no further fever or suppuration. Basing himself on these two cases, the writer suggests the employment of yeast not only as a curative agent, but also as an abortive. He believes the disease might be aborted if the yeast were administered at the first appearance of any symptoms.—*Merck's Archives*.

For tapeworm give eight grains of salicylic acid every hour until five or six doses have been taken, then give a good, big dose of castor oil.—*Medical Summary*.

THE MANAGEMENT OF ECZEMA.

Henry Waldo (*Brit. Med. Jour.*), outlines a number of common-sense points which can not be too often repeated. Since the bulk of cases (see Kaposi and others) are not bacterial, but irritative, cleanliness is of paramount import. The part must be washed, but not with soap and water. Water harms by producing local cold through evaporation. A safe fluid to use is the juice of bran, oatmeal or starch, prepared from rain water, and often it is well to tone it down by a drachm of soda to the pint. The area must be washed in this once in twenty-four hours and immediately dried. Local rest is very important. Again, it is well to bear in mind the sympathetic relation which exists between the skin on opposite body sides, a hearty circulation produced in one side, which may be healthy, gives, by a keen provision of nature, a similar condition in the opposite, whether diseased or not. Protection of the surface is of great import. Those remedies which yield the best results have been shown to be the best protectors. Internal treatment must not be ignored. Milk, aperients, quinine, benzo-naphthol are of value. Much alcohol is bad, but Pye-Smith considers light ale not alone harmless, but

useful. As to diet, it is well to recall Sir William Roberts' rule that any food which causes discomfort is not beneficial.—*Medical News*. Brief.

PIN WORMS.

Dr. W. A. Spurgeon says in the *Chicago Medical Times*:

"I notice frequent questions and suggestions as to the best method of curing those who suffer from 'pin worms.' As but one remedy is required, if it will 'do the work,' I will tell the *Times* readers what that remedy is. Just plain, common INDIGO. Dissolve a lump the size of a well-matured May cherry (I never weighed it or would give in grains) in a glass of cold water, and give at bed time. One dose a week for a while and the trouble is over. I endured the torture of pin worm affliction for many months. Doctors far and near failed to do me any good. I gave up my work in college and started home. Could not study, sleep nor be still. I heard of the indigo cure. It brings them away by the hundred, and the awful torture is (I was going to say, 'at an end,' but some doctor would say, 'why, of course') passed. 'The end justifies the means.'"

A 1-20 solution of potassium permanganate is powerfully effective in toothache.—*Summary*.

REMOVAL OF WARTS.

Apply Fowler's solution of arsenic to the warts five or six times daily (or more); this is painless, and in addition, to make assurance doubly sure, particularly for very large warts, or where they are in great numbers, give from five to eight (or even ten) minims of the drug internally, in a little water three times daily. The internal or external use of Fowler's solution alone will remove them, but takes longer than when used both internally and locally.—*Chi. Med. Times*.

SAVING THE PERINEUM.

We may consider the vulva as a small oval through which the head must pass, and assume that the upper end of this oval is as stationary as the occiput itself at the time of extension.

When a child is to be born, this oval opening is not stretched as by an entering wedge, but by having the lower end pushed away from the upper. That is, if, in the swinging of the head, as it extends, it slides on the perineum, the space between the pubes and the fourchette will increase; on the other hand, if the head does not slide during this swing, the opening will not increase, and the perineum will follow the motion of the head. This causes a decided stretching of the perineum, but no increase in the size of the vulvar opening. The perineum under such circumstances may become very thin and get ready for a nasty stellate tear.

Different degrees of this sliding will occur in different cases. Even with perfect sliding, a precipitate labor may cause a split.

The more perfectly this mechanism is carried out, the safer will be the perineum.

Consequently it is of primary importance to keep in the vagina a lubricant to facilitate the normal extension. The natural lubricant is the best, and should be preserved.

Consequently douches, and especially antiseptic (usually irritating) douches, are to be avoided, except when their use is imperative.

Digital examination removes a great deal of the lubricant and gets the perineum ready for a tear. External palpation should be practiced more. The vast majority of digital examinations made during labor are without reason.

Artificial lubricants do not replace the natural one.

Delaying a precipitate labor by chloroform will save the perineum in some cases. In a protracted labor the extraction of the head with the forceps applied before the vagina becomes bruised and dry will pre-

vent many lacerations especially as the head can be extracted between pains.

The after-coming shoulder does no harm unless a tear already exists. In addition to following the plan here suggested in the case of the woman in labor, a little can be done in the way of support of the perineum.

This is best accomplished by keeping the head from coming through too quickly. The special manipulations of the perineum, through the rectum, etc., have never proved of value with me.—*N. Y. Med. Jour.*

A mixture of pepsin and hydrastin aids digestion and gives satisfaction in dyspepsia, due to weakness and deficiency of gastric solution.—*Medical Summary.*

CARBOLIC ACID IN TETANUS.

To judge by the reports which are frequent of late, carbolic acid seems to be a potent remedy in tetanus. Dr. Enriquez and Dr. Bauer have treated a woman suffering from severe tetanus with injections of the acid, after chloral hydrate and antitetanic serum failed to do any good. After abstracting 5 to 6 oz. of blood from the patient, an injection was made consisting of 6 oz. of artificial serum to which 45 min. of a 2-per-cent. solution of carbolic acid had been added. At the end of two days the contractures subsided, and the bleeding was discontinued, only the acid being injected daily. Complete recovery resulted.

A case of recovery from tetanus under treatment with carbolic acid is reported by Dr. K. E. Kellog. A girl of thirteen had lacerated her hand on a barbed-wire fence and developed symptoms of tetanus seven days later. The wound, which had closed in the meantime, was now opened and thoroughly injected with hydrogen peroxide. Laxatives and bromides were administered, but the chief feature of treatment was the use of carbolic acid hypodermically. A 1-per-cent. aqueous solution was injected around the wound, in all 30 min. having

been used for the several injections at the first sitting. The next day, the symptoms becoming more intense, the injections were repeated every three hours, 30 min. being given at a time. Improvement now took place, and the injections were reduced in number and frequency, but had to be kept up at intervals for about three weeks, when recovery was established.—*Merck's Archives*.

Cannabis indica is a most excellent anodyne in the treatment of pain in such cases as dysmenorrhea, ovaritis, neuralgia and headache of anemic women.—Medical Summary.

IODINE AND GOOSEGREASE.

Dr. Geo. T. Jackson, at the last meeting of the American Dermatological Association, asked the members to give trial to a combination of iodine and goosegrease which has been extensively used at the Vanderbilt Clinic, where Dr. Jackson is instructor in dermatology. One drachm of iodine crystals rubbed up in an ounce of goosegrease is the combination, and employed in all cases of trichophytoses, has been found to be the most efficient means of combating this affection, and is used now almost to the exclusion of other remedies when the head or beard is involved. Applied as it is at the clinic by being well brushed into the affected parts every other day, the most extensive cases of ringworm of the beard where the neck and chin are lumpy with infiltration have been overcome in three weeks' time at the utmost. The day after a first thorough application in these bad cases patients freely state their relief from the tense, drawn feeling and burning sensation, and though the measure is not particularly pleasant at the time of application, they willingly accede to it for the after relief. This combination with

goosegrease is deeply penetrating, for under the microscope hairs show staining with the iodine down to the bottom of their roots. On the scalp of a child it does not seem to be very irritating, and the patches get well.—*Brief*.

Oil of wintergreen, taken in five drop doses, upon sugar, relieves the spasms of pertussis or whooping cough.—Medical Summary.

Subnitrate of bismuth, mixed with olive oil or lanolin, will cure stubborn cases of fissured nipples. It relieves pain and need not be removed when the child is nursed.—Medical Summary.

One-twentieth of a grain of apomorphia hypodermically, sobered a "crazy drunken" man in a few minutes.—Medical Summary.

APOMORPHINE AS A HYPNOTIC IN ALCOHOLIC PATIENTS.

Drs. Warren Coleman and John M. Polk have administered apomorphine hydrochlorate to 300 patients suffering from alcoholism in various degrees, in Bellevue Hospital of New York City. A number of cases are reported in detail and the authors reach the following conclusions:

To obtain a hypnotic action with apomorphine it should be given hypodermically.

The dose cannot be fixed. It is best to begin with a small dose—1-30 grn. or less—and to repeat this or give a slightly larger dose within a short time. Further doses should not be given after vomiting occurs, until several hours have passed.

Doses repeated in two or three hours have but little beneficial effect.

The administration of apomorphine should not be repeated in patients who are weak.

The duration of the hypnotic action is only a few hours, and when the patient awakes his condition is practically unchanged, except in "ordinary drunks."

The best results are obtained from apomorphine when it is followed in two or three hours by some recognized hypnotic, as bromide, chloral, paraldehyde, etc.

Solutions of apomorphine are unstable, and should be freshly made or use. Old solutions should never be used.

Apomorphine may be employed as a hypnotic in selected cases of alcoholism. The best results are obtained in "ordinary drunks" and in cases verging on delirium tremens. But in some of these cases the drug has no effect whatever.

The administration of apomorphine to patients in delirium tremens is without beneficial result, and may even be attended with danger from its depressing action.—*Merck's*

In cases of dropsy arising from heart affection, diuretin has relieved when digitalis, apocynum and strophanthus have failed.—Medical Summary.

Iodomuth is a desirable succedaneum for iodoform. It has been used in many cases, and found to be a reliable and pleasant antiseptic.—Medical Summary.

CALCIUM SULPHIDE IN DIPHTHERIA.

Dr. E. L. Abogado confirms the efficacy of calcium sulphide in the treatment of diphtheria. It cures mild cases without further medication, and in severe cases proves a most valuable adjuvant to antitoxin treatment. He established its efficacy in 110 cases of complicated diphtheria, in 21 of mild, pure diphtheria, and in 13 severe, pure cases. None of the two last groups died. employed in any of the cases. Its efficacy is probably due to its action on the asso-

ciated microbes as well as on the diphtheria germs, while antitoxin is powerless against the former. He usually administers 1-6 grn. every hour up to one year of age; 1-6 grn. every half-hour between one and three; 1-6 grn. every fifteen minutes between three and five, or 5 grn. during the day. Between five and fifteen, 1-6 or 1-3 grn. every fifteen minutes, or about 8 grn. during the day. Adults should take 10 grn. during the twenty-four hours, suspending the medication whenever the breath exhales the characteristic odor very intensely. He administers about 1 grn. a day in 5 to 6 divided doses as a preventive measure to children exposed to contagion. He considers it a very valuable internal antiseptic and has never known of any untoward effects from its use in this way during six years of experience.—*Merck's Archives*.

When there is a great increase of mucous secretions anywhere,—from nose, bronchi, bowels, vagina,—think of ammonium muriate.—Summary.

Dr. Asa Jones claims Jamaica dogwood, dose three drops in a teaspoonful of water, every three or four hours, a specific for whooping cough, as much as quinine for chills.—Medical Summary.

Full list of Eclectic publications on sale at the College. Address Mrs. E. Trigg, 239 East 14th Street.

Dr. W. L. Turner, of Waynesfield, Ohio, was awarded the hundred-dollar prize for the best essay at the National.

Think of it! nearly one thousand dollars in the treasury of the National Association, and all debts paid. Some plan to spend this money for the good of Eclecticism should be proposed at the next meeting at Indianapolis.

HYDROGEN PEROXIDE IN PNEUMONIA.

Dr. M. Beshoar, who has been in active practice for forty-eight years, says that very early in his career he learned to look upon pneumonia as a specific disease for which he believed a specific treatment would soon be discovered; that practically no progress has been made in this direction he considers a stigma on scientific medicine. He states further that though in the Rocky Mountains, where he is practicing, the mortality from pneumonia has been much greater than in low altitudes, still he has lost no patient from that disease during the past few years, and his treatment has been hydrogen peroxide, with strychnine and Dover's powder as adjuvants. He mixes the peroxide with two volumes of water, and of this he gives teaspoonful doses, adhering to the following program: Every five minutes for the first 3 doses; every ten minutes for 3 doses; every fifteen minutes for 3 doses; then every twenty minutes for 3 doses; after that a teaspoonful every half hour, during sleeping as well as waking hours. Under this treatment he expects convalescence in from eighteen to forty-eight hours. It may be objected that the peroxide will expend itself in the secretions of the stomach. No doubt it will, so long as there is morbid material to be oxidized; but when oxidation is completed the author believes that the peroxide is absorbed and taken into the circulation as such, and goes partly to oxidize the venous blood and partly to act as a bactericide. The only inconvenience caused by this free use of the peroxide is a sense of fulness of the stomach, patients frequently declaring that their stomachs are so full that there is no room for more. With a little persuasion, however, they can be induced to continue the treatment as long as deemed necessary.

This is a good time to buy Mundy's "Diseases of Children." It will be useful during the month of August.

FRACTURE SUGGESTIONS.

Never apply a plaster splint to a compound fracture.

Treat the lacerations and contusions antiseptically.

The bandage is so applied that, while holding the bones, it does not cover the laceration.

It is a good rule to unbandage a fractured limb every two to five days, particularly a compound fracture; then wash and rub the limb thoroughly.

Ununited fracture comes more frequently from circulatory stasis than from movements of the fractured ends; then do not be so dreadfully afraid of possibly breaking adhesions when the splint is carefully removed.

A little massage will quickly compensate for a trifle of the disturbance of the fractured ends.

Every traumatism has its medical as well as surgical aspect; that's what's the matter with the man of one idea—the surgeon.

Above all, call frequently upon your fracture cases; and if they want the dressings or splints altered, try to oblige them, for that is what they pay you for.—Dr. Boynton, in *Medical Journal*.

Salicylic acid is a good local application for corns; 3j to 5j simple ointment, can be used. Apply before bed-time.—*Medical Summary*.

Of all the salts of iron that may be administered for anemia, the sulphate is probably the most easily appropriated.—*Medical Summary*.

Æsculin has been successfully employed in the treatment of malarial disease, especially remittent fever, as a substitute for quinine.—*Medical Summary*.

PRACTICAL FACTS.

The primary need of medicine to-day is to get down to a practical basis; to weed out all undemonstrated and undemonstratable theories, and make our knowledge of facts and principles more and more accurate and absolute. Every doctor knows that he often reads books, pamphlets and miscellaneous medical literature without getting a single item that he can use in practice.

The attitude of the individual doctor is partially responsible for this abundance of chaff and scarcity of wheat. Too often he lazily accepts, or ignores, the other man's assertions, instead of challenging, weighing and testing them as he should. It is comparatively easy to foist any absurdity on medical men, provided it be done in the name of science.

The individual doctor does not live up to his responsibility, or his opportunity, when he neglects to say to his brethren in the profession: "Here, take this and this, all valuable truths which I have worked out, and proved in my practice over and over. They will help you in like case. What have you learned in your tight places?"

The biggest part of the medical wealth of this country is stowed away in the craniums of every-day practitioners, living in country cross-roads, villages and the poorer quarters of our large cities. If we could get it in circulation, just hard, solid chunks of wisdom, what vigor it would impart, what back-bone lend to medical teachings. It would dissipate the cloud of superstition which darkens the medical outlook to-day, antidote pessimism, regenerate our therapeutics.

The rank and file of medical men know a great deal more about the bone and sinew of medicine than do the theorists and laboratory tinkers who pose as scientists and authorities, and whose capital stock in trade is so often a monumental nerve and tireless capacity for self-advertisement.

The trouble is that men who really know

things find them so simply they cannot believe but that every one else knows at least that much, while the overweening confidence of the "scientific" discoverer makes him positive that he must be right, and he does not try, as he ought, to strengthen and fortify his position by critical and searching tests.

In the material arts and sciences, it is the everyday workers who make discoveries and improvements; their ideas and theories are considered worthless until demonstrated over and over.

In medicine, tradition and authority obstruct progress, perpetuate fallacies and defer indefinitely the day when the status, chances and indicated treatment of a sick man can be told off with a reasonable degree of certitude and assurance.

When that day does come, medicine will be respected above all callings, and the doctor will be paid fees commensurate with his importance. But it means lots of work for each and every one of us. Each must contribute his mite of every-day practical facts. Each must refuse to accept, without question, the teachings of any medical authority whatsoever. The day of dogma is done; science puts all things on their merits to stand or fall in the trial of everyday life. More moral courage, a keener sense of individual responsibility and a broader outlook are needed likewise, that we may each fling down the gauntlet before the man who tries to carry medical opinion by storm.—*Editorial, Medical Brief.*

THE DENVER AND GROSS COLLEGE OF MEDICINE.

The Denver College of Medicine and the Gross Medical College have united.

ITEMS.

Dr. F. Terwilliger and Miss Clara B. Daily were married at Barton, June 18th.

Dr. Bailie-Brown and Miss Winella Graham were married at Putnam, June 25th.

We are sorry to record the absence at our National meeting at Milwaukee of Prof. J. U. Lloyd, Pitts E. Howes, M. H. Logan and L. E. Russell.

We had a good meeting, but we do not know how much better it might have been had they been present.

The "sport" is taking a little vacation at Balsam Lake, Wisconsin. We hope he will not have to walk home.

Dr. T. W. Pomroy and family are enjoying their vacation at their summer home, Pembroke, Maine.

The Beachonian Dispensary, at 183 Ludlow Street, was opened with appropriate ceremonies last week. The dispensary is well appointed and is a credit to the energy and skill of Drs. Bernstein and Shultz.

Dr. W. L. Heeve has abdicated the throne at Barron Island, and Dr. H. Harris now wears the crown.

The thanks of the Association are due to Dr. J. V. Stevens, of Wisconsin, who, as chairman of the local committee, never tired in his efforts to make everybody comfortable.

BOOK REVIEWS.

The Eclectic Practice in Diseases of Children. For Students and Practitioners by WILLIAM NELSON MUNDY, M. D., 12 mo., 631 pp., cloth, \$2.50 net. *The Scudder Brothers Co.*, Publishers, Cincinnati, O., 1902.

This is number six of Eclectic Manuals, published by Scudder Bros.

It is conveniently divided into three parts. Part one treats of infantile therapeutics, part two, care and management of infants, and part three, diseases of childhood. We

want to compliment Dr. Mundy on his work. He has given us just what we have been in need of—a concise work on children's diseases, with a treatment for the individual case, and not simply a formula for a disease. Let me give an example under the heading of "Pleurisy." We have first the definition, then follows etiology, pathology, diagnosis, then comes the treatment.

"Internally we administer aconite when the pulse is small and frequent or veratrum when it is full and strong, alternated with either of these Bryonia for the sharp pleuritic pain, asclepias tub. when the skin is dry and there is a difficult dry cough. * * *

* * * Belladonna when the patient is dull and stupid, gelsemium when the face is flushed, eyes bright, and pupils contracted. Rhus Tox for sharp frontal headache, and when the little patient cries out shrilly and startles in its sleep."

The above is sufficient to illustrate the value of the book which we heartily recommend to student and practitioner.

Diseases of the Nose, Pharynx, and Ear by Henry Gradle, M. D., Professor of Ophthalmology and Otology in the Northwestern University Medical School, Chicago. Illustrated. Published by W. B. Saunders & Company, Philadelphia and London, 1902. Price \$3.50 net.

This work contains about 540 pages and is amply illustrated. It deals with the subject in a very clear and concise manner. It is obviously designed as a text-book for the undergraduate student, and will fill the purpose for which it is intended admirably.

While the reviewer can only say words of praise for the work under discussion, yet would he suggest that there is at present quite a number of text-books on the same subject on the market and very little can be gained by multiplying them ad infinitum.

The Reviewer would, however, welcome with joy a few exhaustive monographs.

A. W. H.

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GEORGE W. BOSKOWITZ, M. D., Editor,

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TUBERCULOSIS.

We are glad to see that the Charities Organization Society of this city has earnestly taken up this important subject and has arranged for a campaign against the ravages of consumption, particularly among the poorer classes, who do not understand that it is a communicable and preventable disease. Their report divides the work as follows: Ascertaining the conditions of unwholesome living and occupation that promote the spread of the disease; disseminating knowledge of the danger in those conditions and the precautions to be taken against it; encouraging movements for better care and treatment of those affected, and providing for actual cases so far as means are at command.

It is important that the public generally should be informed on this subject, and we are sure that the undertaking of the Charities Organization Society will result in much good to the community.

SEND IN YOUR STUDENTS.

It looks as though we were going to have a fine class this Winter. Every Eclectic College should have a large class, and they will, if members of our school generally could be enlisted to emphasize to prospective students the advantages of the humane, reliable and pleasant practice as taught in our Eclectic Colleges. Too many of our practitioners overlook the necessity of being particular in their recommendations. Eclectic medicine, Eclectic therapeutics, specific medication, can only be taught in an Eclectic College.

TREATMENT OF SUMMER DIARRHŒA OF INFANTS.

BY W. L. HEEVE, M. D.

The preventive treatment of summer diarrhœa demands the most careful supervision of diet and the hygienic influences of the child.

The diet of an infant at the present day

is the most varied, its comprises, mother's milk, cow's milk, goat's milk, condensed and artificial milk (some twenty to forty different brands) prepared foods (that cost from five cents to two dollars a can), cereals in the form of flour balls, gruels and what not.

A good majority of the American mothers of the present day have so many society functions, shopping appointments and calls to make, that they cannot spare the time to nurse their babies.

They place their offsprings in the hands of a nurse or any woman they may happen to obtain by a "newspaper ad" and little they care whether their so-called nurse understands infant feeding or not.

Summer diarrhœa generally occurs when the temperature of the atmosphere rises above 70 degrees F. and sometimes a much lower temperature in the tenement districts.

The unhygienic conditions, improper food, high summer temperature, over-feeding, errors of diet and impure drinking water, are its main etiological factors.

Any of these factors may produce a diarrhœa by debilitating the infant's digestion and producing decomposition of its food.

Artificially fed infants digest their food with difficulty as a rule and it is often contaminated.

Bacteriological investigations have failed to prove any one bacteria as the sole cause, but that many different bacteria or germs are the cause (that is they produce this poisoning by their toxalbumins, ptomaines and leucomaines).

Almost every case of this affection is one of poisoning from the elaboration of chemical products by the growth of bacteria in milk.

The preventive principles are to keep the infant's nutrition and digestion up to the highest possible standard by administering such food in a sterile condition to suit each case.

Bottle-fed babies must have pure milk or sterile milk free from contamination with germs.

Cow's milk during the summer months may become acid due to the rapid conversion of milk sugar into some form of lactic acid, to prevent this I advise the mother or nurse to add cane sugar; it can also be prevented by adding glycerol of lime, lime water, etc.

We must also take into consideration the quantity of each feeding and the frequency; more infants are made sick by overfeeding than by underfeeding.

Bottle-fed babies should be taken to the seashore if possible and given a cool bath twice daily.

Where this is impossible the children should be taken to the public parks or on the public piers and kept there all day.

New York City has greatly decreased the mortality in this disease, by building recreation piers and parks in the crowded tenement districts, but still there is a good deal left undone.

The St. John's Floating and Seaside Hospitals deserve great credit.

Women who give their babies breast milk need not worry, if they live up to the laws of hygiene and eat wholesome food.

Our first indication in this disease, either its mildest or most severe forms, is to regulate the diet. In the mild forms I reduce the quantity of milk and dilute with equal parts of lime and barley waters.

In the severe forms I prohibit milk entirely until the symptoms improve, whether it be twelve hours or six days; my reasons are that by prohibiting milk we cease to give fuel to the fire.

In mild cases I give neutralizing cordial, the first few doses large enough to get its laxative effect, then continue with very minute doses, about one-half drachm doses for its laxative effect and five to ten minims doses for its tonic effect upon the mucous membranes of the intestinal tract.

If the vomiting is severe I add from one to three grains of Bismuth subgallate to each dose, and try to eradicate the cause if possible.

In the more severe forms we must try and liberate all the poisons possible, and I believe that with irrigations of the bowels and washing out of the stomach we can work wonders. I employ the saline solution at about 98 degrees F. and use about two or three quarts at each irrigation, gradually diminishing the quantity as symptoms improve.

When giving the irrigation I place the patient on its back with the hips raised, and using a rectal tube attached to a fountain syringe raised about two feet above the head.

When irrigating the stomach I use an elastic catheter (No. 20 French) and wash out with a 1-4000 Thymol solution.

Neutralizing cordial given in six to eight drop doses to a child one year old, with xanthox three drops combined with Baptisia or Ipecac as indications may arise will cure the most stubborn case.

Geranium, Bismuth Subgallate, or Tannalbin in small, often-repeated doses will check the excessive serous discharges.

If you would take all drugs away from me and ask me to treat with but one preparation, I would without hesitation select neutralizing cordial, as I have over and over again proven the great virtue that lies in this preparation.

For the high temperature I give Aconite, Belladonna or Rhus Tox., whichever may be indicated and if this fails to reduce the temperature, I use the drip sheet bath or the cold wet pack with gentle massage with positive success.

I believe that with the wet pack or cold compress we have a positive antipyretic and also a most wonderful sedative to the nervous system and our little patients will fall asleep for hours and wake refreshed and bright under its influence.

When the stage of Cholera Infantum approaches we must at once use the hot compress, with the spice poultice to the abdomen and Capsicum with Nux to combat the depressing effect of the poisons or toxins,

and try to encourage free diuresis and diaphoresis.

We must sometimes resort to hyperdermatics of strychnine or atropine. Another valuable diffusible stimulant is the first homœopathic dilution of Moschus used hypodermatically in three to five drop doses every two or three hours.

If these stimulants produce no improvement, I at once give a mild rectal irrigation of saline solution and inject about twenty ounces of saline solution (8 grs. to pint) into the loose connective tissue of the abdomen. I have seen one child without radial pulsations and absence of first sound at apex beat, respond to this treatment within twenty minutes, with a full pulse and a strong heart beat.

I always give my cases brandy in full doses as soon as I notice any symptoms of cardiac weakness, guiding myself by the pulse and heart sounds.

I believe that we have no other drug that can take the place of brandy or whiskey in Cholera Infantum in combating the tissue waste and extreme depressing effect of the poisons after we have counteracted and liberated most of the toxalbumins and other poisons, and sustained the vital forces until our little patient has passed over the danger line, the bacteria being combated by the phagocytes, then comes the time for careful nursing and diet.

Milk and lime water, barley water, chicken, beef or mutton broths, powdered flour balls, Liquid Peptonoid with or without creasote, white of eggs with sugar beaten to a froth with a little brandy mixed with aromatic water and gradually returning to careful nursing by breast or bottle, whichever was the former diet. Inunctions of C. I.. Oil will prove of great benefit.

The above is my plan of treatment; we cannot form any cast iron rules, but must govern ourselves by symptoms and study our cases.

Brooklyn, N. Y.

THE PHYSICIAN AND HIS METHODS.

BY PITTS EDWIN HOWES, M. D.

Submitted in competition for the prize offered by the National Eclectic Medical Association at Milwaukee, 1902.

From the earliest time of which we have any record, man has been the victim of disease and death. The constant transgression of law has produced its evil effects. These violations of natural law have resulted in departure from the normal condition, or health, to the abnormal, which we term disease. Just as there has always been a time when disease was more or less prevalent, so there has never existed a moment when man has not arrayed himself against the results of outraged Nature, and endeavored by his incantations, his drugs and his knowledge to wrest from her hands the penalties of his disobedience.

The physician then, in the sense that he was pitted against the disobedience of his fellowmen, has existed since the commencement of conscious life upon this terrestrial planet. Since those remote times his methods have been constantly changing, and have advanced with civilization.

I do not desire to take up your time, or attention, with a detailed account of these revolutions in the treatment of disease. They are well known to the majority of you, or can become so by the perusal of medical literature.

I have written these few paragraphs as an introduction to the subject which I shall chose for this paper: "The Physician and His Methods." Possibly the title could be expanded with advantage so as to read "The Eclectic Physician and His Methods of Curing Disease," as this is in reality the subject to which I desire to call your attention at this time.

Just a few remarks as to what a physician should be; and they apply to all practitioners of medicine, as well as to those who have gathered themselves under the banner

of Eclecticism. He should be a true man, strong in his intellectuality, his sympathy and his morality.

Intellectuality, to-day, is one of the most prominent requirements of the successful physician. Now, more than ever before, it is necessary to be able to use the intuition, the keen perception, and the wisdom of research, in order to battle victoriously against the insidious inroads of the hydra-headed monster—disease. Each generation is more highly civilized than its predecessors. For this advance we must pay the penalty. This is manifested in the more subtle form of disease expressions. Hence intellectuality must predominate in the physician who wins the encomiums of cured patients.

Sympathy is closely allied with intellectuality in its usefulness to the practising physician. The aim of the doctor—the *true doctor*—is to cure his patients as quickly as possible, and by those means which are most pleasant. Sympathy is that quality which enables us to bind our fellow beings to ourselves. Sympathy is the father of faith. Faith is the one important ingredient which must always be mixed with our prescriptions, if we are to be successful relievers of disease. Hence sympathy is absolutely essential to victory in the realms of medicine.

Morality is that part of our nature which wins the respect of our fellows. It is the keystone to a man's character, that binds and holds all else in its place. True morality is best exemplified by following the two commandments of the Great Teacher. Whoso loves God with his whole heart and his neighbor as himself will, perforce, be a man who will secure the commendations of those with whom he is associated.

The physician should be an optimist. He should believe in himself, and in the means which he uses to alleviate, or eradicate disease. Of all men, in the varied conditions of life, the physician should be optimistic in his views and his actions. A bright, cheery face, a pleasant word, and an assuring manner will act upon the suffering sick, as the

sunshine and shower upon the earth's vegetation.

If there is any man who should thoroughly believe in himself it is the physician. If he does not feel that his conclusions are right, how can he expect those who hear them to believe? While arrogance and ostentation are despicable, yet a kind firmness in expressing his opinions is indispensable to his success, and his patient's welfare.

Physicians are dealing with vital forces. Many of their weapons are pregnant with good or evil, according as they are skillfully or wrongly applied. This is a fact which all admit. Hence that man who prescribes medicine whose action he has no faith in is decidedly culpable. We are living in an age of precision in all branches of science. This is more true of the Practice of Medicine to-day, than it ever was before in the world's history. We are giving stronger medicine, in smaller doses, for their direct effects; and we are getting results that would startle the educated physician of a century ago. This is especially true of those who practice "Eclectic Medicine." This may seem, to some, a strong statement, but what follows, I trust, will substantiate its correctness.

Naturally comes the first question, what is Eclectic Medicine, and in what does it differ from that of the other schools? This is a pertinent query and should receive a well considered reply. Some have very foolishly adopted the *meaning* of the term *Eclectic*—this is largely true of our competitors—and have applied that to the Eclectic System of Practice. The dictionary definition of the word "Eclectic" is, "one who believes in or practices selection from all systems, or sources, especially in philosophy, or in medicine." This is absolutely false as applied to Eclectic Medicine, and if it is all that Eclectic Practice has to demonstrate its claims, the sooner it is buried in oblivion the better for all concerned. The fathers of Eclectic Medicine—or what to my mind is the better term, the American Practice of Medicine—grasped a truth that is as undying as the fact

that matter cannot be obliterated. They believed, and forcibly stated such belief, that disease was an expression of impaired life, that such a departure might be manifested in one of three ways, an excess, a defect, or a perversion, and that the physician's duty was to refrain from administering any form of medication which would have a tendency to continue to increase the wrong already established. They were not only to abstain from that which was hurtful, but they were to assist Nature in all ways, to eliminate the cause, which was producing the defect, and aid in re-establishing the normal condition, or health.

Such then was the foundation upon which the structure of Eclectic Medicine was commenced. Upon this base was placed the fact that the earth, in its vegetable productions, had stored up those agents which were necessary to relieve the various ills of mankind. Accepting this as truth the early workers, in this new field of research, began a painstaking, laborious course of investigation of plant life, and the results of its administration upon various diseased conditions. Beginning with the use of a few plants, our *Materia Medica* has grown and expanded till it is composed of many tried and faithful agents for the alleviation of disease.

Close observation has taught those who adhered to this System of Practice that there were certain forms of disease expression which would always be removed by giving certain medicines. It was also found that it did not make any difference what the disease was, for, if the particular expression was present, the indicated remedy would give relief. Following this line of investigation, the Eclectic practitioner has gradually amassed a knowledge of the curative properties of drugs, which has formed the Eclectic *Materia Medica*. Not only has he taken plant life and extracted the health-giving properties, but he has taken the drugs, in use by other Systems, and developed from them new uses, by means of the

difference in the size of the dose administered. Thus a physician who practices Eclectic Medicine must be a close observer, a good reasoner, and an independent thinker. Those who are acquainted with many who practice this method will admit that the Eclectic practitioners are persons of this character. They do not adhere to authority only so far as their own experience bears out the teaching of such authority. They are not satisfied with what has been accomplished, but are constantly at work evolving new truths regarding the remedies used for the amelioration of diseased conditions. The knowledge thus gained is not only being disseminated among Eclectic physicians, but is gradually being engrafted into the practice of other systems. The Eclectics, as a school, are beginning to be honored for the contributions they have made to the *Materia Medica* of the world.

All this shows that the definition of the word Eclectic, as before quoted, is entirely wrong—so far as it applies to the practice of what is known as Eclectic Medicine. How then should we define Eclectic Medicine so as to be correct? The following definition is concise and to my mind correct: *Eclectic Medicine declares disease to be impaired life with certain definite expressions which are amenable to accurately adapted remedies.*

The Eclectic physician must of necessity be a close observer. He must be able, not only by his diagnosis to name the disease—for the benefit of the patient and friends—but also to distinguish the varying conditions which call for the different remedial agents. He cannot be a routinist. He must carefully examine each patient, no matter what the disease may be, in order that he may correctly adapt the right remedy to the right patient. Because he has a half dozen cases of pneumonia is no reason that each one of those patients should receive the same treatment. In all probability each one of the six would require a different medication to restore them to health.

We read much concerning Specific Medi-

cation in Medical journals of the present day, while the term is properly understood by the Eclectic branch of the profession, the rest of the fraternity are sadly at sea regarding their interpretation of its meaning. Those who make their diagnosis for the purpose of naming the disease, and then treat that name, are right in their declaration "that there is no such thing as a specific medicine for disease."

The Eclectic physician does not now claim—nor ever did—that he has a remedy that would always cure a given disease. Such an idea is an absurdity. What he *does* claim, and what he is always ready to maintain, is that there are *certain disease expressions* which are indicative of *certain conditions*; and for these conditions he has discovered remedies that *will* relieve them, and assist Mother Nature in restoration to health.

That this doctrine is true, that it is practical, that it is successful, there are thousands of physicians scattered all over this country who will gladly testify. They give this testimony simply because of the gratifying results which have attended their labors, in a practice which was founded on Eclectic teaching.

Physicians who practice Eclecticism are not all contained within the Eclectic ranks. There may be found, in the other schools, men who have accepted Eclectic reasoning, followed its teaching, and reaped its successes. Sometimes they acknowledge their conversion. Doubtless many are prone to reap the results, yet join in slandering the source from which they came.

Truth has never yet been overthrown by the slander of its enemies. The truths proclaimed by the Eclectic physicians will in no wise differ from others which have been enunciated during the world's history.

One thing more must not be overlooked. That is the medicine which the Eclectic physician uses. He long ago learned that it must be properly prepared, and of a definite strength and quality. Of what use would

be his keen diagnostic ability if he attempted to relieve diseased conditions with worthless preparations? Without doubt much of the success of Eclectic physicians is due to the reliability of the medicines they prescribe.

All honor to the pharmacists who have produced such remedies. Among them there is no name that stands higher than that of "Lloyd." Wherever this name is seen on any pharmaceutical product, physicians of all schools accept it as synonymous of proper preparation, purity and strength, and unite in the tribute of praise.

Boston, Mass.

PSYCHO-THERAPEUTICS.

BY JNO. T. SIBLEY, A. M., M. D.

While walking along Broadway one morning some time ago, I was accosted by a friend, a well-known merchant of Harlem, who acquainted with the fact that I made a specialty of Psycho-therapeutics, said that he desired to consult me in regard to the case of his wife, who had been suffering for many years with a variety of physical ailments, and who under the direction of a number of physicians had taken large quantities of medicine to no purpose. He had the common prejudice against hypnotism, and decided on its use only after he had exhausted all the usual methods. I made an appointment to visit his home on a certain evening, to talk the matter over with his wife, who was even more skeptical and prejudiced than he; in fact, when he told her that he had made an arrangement with me to treat her by suggestion, she laughed inordinately, and told him that she thought he was losing his mind to think that disease of any kind could be cured without medicine. I called according to agreement and found the lady convulsed with laughter. She frankly stated that she had no faith whatever in such treatment, and in fact thought the whole thing farcical; but to please her husband she would submit to the ridiculous proceeding. I talked with her for nearly

an hour, presenting the matter in a scientific light, for the lady is very intelligent and well educated, but to no purpose. She still thought it most unreasonable to suppose that physical or mental ailments could be benefited without medicine.

I expected an early conquest, for in spite of the fact that I had often demonstrated very clearly that there is no way to determine whether a person can be readily affected or not, I felt sure that here was a case that I would put in a hypotaxic state with little trouble. We had many indications of a good subject. She was perfectly willing to do all she could to aid me, and after having her comfortably seated in a large easy chair, I gave her the usual instructions to induce a state of passivity and receptivity. She suppressed all her smiles, became thoroughly serious and obeyed my instructions to the letter. After the lapse of half an hour, working hard all the time, I quit, having failed to even induce the incipient state of increased credulity. My patient gave a smile of derision, and reiterated her former statement that she had no faith whatever in the treatment, but would cheerfully submit to the ordeal as long as her husband cared to have me continue. The lady is 40 years of age and has suffered torture for years from a long and varied list of troubles. Chronic constipation; not having had a natural operation of the bowels for twenty years. By the use of large quantities of medicine, supplemented with frequent enemata her bowels would move fairly well once a week. The natural result of this condition was the development of a most aggravating case of hemorrhoids. There was distressing leucorrhœa of ten years standing, and occasional attacks of sciatica, from which she was suffering at the time I began treatment. She suffered also from congestion of both ovaries, with constant, uninterrupted pain for six years. These ovarian pains were so intense that she had to keep her bed for days at a time on account of them. The diagnosis was perfectly clear in every respect,

except concerning the pains in the ovarian regions. They had been diagnosed as congestion by several physicians, and the idea had been so strongly impressed on her mind that I agreed with her and her physicians. The matter of diagnosis is of small concern in psycho-therapeutics. It is better many times to let the patient make his own diagnosis; for if you try to drive from the objective mind an idea that is thoroughly established there, you will weaken your chances of success, by causing the patient to think that you do not know what the real trouble is. I called the following evening determined to succeed in hypnotizing my patient. After half an hour of hard work I again failed. I assured the lady with a most confident air, that the case was not at all unusual, and sooner or later she would be ready for the suggestions, through which she was to be relieved of all her ailments. I called regularly three times a week for four weeks, and found myself just where I was when I began. At my next call, after the usual half hour's work and failure, in sheer desperation I turned to her husband, who was sitting near by, and said to him that I was going to hypnotize him, and that then his wife would be easily affected. It was a chance and I took it. He proved to be an excellent subject, and in one minute was in a state of deep hypotaxy. I gave a regular parlor entertainment with him, with his wife as audience. It is a well-known fact that hypnosis is contagious and it was my plan in this case to impress the wife through the husband. I restored him to his normal condition and began at once on his wife. In a few minutes it was plain that she had reached a state of receptivity not attained before in all my efforts. In a few minutes more she went into a state of hypotaxy, and then into a light sonambulistic state. I now began to pour in my suggestions most forcibly to the effect that the constipation from which she had suffered so long was a thing of the past, and that her bowels would move freely when she got up in the morning, and

that the same thing would take place each morning thereafter. I gave no other suggestion. I felt that the long-continued constipation was indirectly the cause of some of the other ills, and that its removal or correction was of first importance. In complicated cases like this, I usually give but one suggestion at a time; not that several conditions cannot be remedied at once, if suggestion is properly given and received; but too many suggestions at one time are apt to produce confusion in the mind of the patient, and this is to be guarded against at all times. At my next visit two days later I was informed that the patient's bowels had moved freely each morning, and that no medicine had been taken. After fifteen minutes of hard work, I induced the state of light somnambulism and suggested again that her bowels would continue to move freely each morning, and also suggested that she would never again be troubled with hemorrhoids. Three days later I found the bowels still active and the hemorrhoids rapidly disappearing. I now began suggestions concerning the ovarian pains, and the sciatica from which she was still suffering. At my next visit a few days later I found the bowels in perfect condition, hemorrhoids about gone, sciatica completely cured, but the ovarian pains persisting, in fact no better. The next few treatments were devoted especially to removing this last condition. Up to this time the patient had had about a dozen treatments, and thus far no suggestion had been given concerning the leucorrhea, which was annoying in the extreme. A few more treatments materially benefited the ovarian trouble, and I began giving suggestions concerning the leucorrhea, which resisted stubbornly all suggestions of an improvement for a while, but which finally began to yield and was in the end cured. After thirty treatments in all had been given, I discharged the case with each ailment completely cured, and the patient in perfect health in every respect. It has been a year and a half since I treated this case, and there

has been no relapse in any particular. I saw the lady a month ago, and she assured me that her health is absolutely perfect, and that she has not taken a dose of medicine in eighteen months. These cases sometimes relapse, and it is always due to the persistent contrary suggestion of unwise friends, who ridicule all systems of psychotherapeutics, and repeat so often to the patient that he only imagines himself cured and will soon be as bad as ever, that the oft-repeated suggestion takes root and undoes all that has been done. The liability to relapse is directly proportional to the degree of natural receptivity of the patient. Those who are easily hypnotized are more liable to relapse; and those cases, like the above, that yield only after long, persistent efforts rarely relapse. This lady was beset for months by meddlesome friends, who laughed at her for being so silly as to believe that she had been benefited. In spite of all these contrary suggestions she has remained perfectly well.

There are two other points that this case illustrates well: All authorities, good or otherwise, that I have consulted, insist that with the same subject, each subsequent hypnosis is more easily induced. My experience has demonstrated that this rule has many exceptions. In this case, the tenth hypnosis was just as hard to induce as the first, and the thirtieth just as hard as the tenth. There was no difference at any treatment. Another point: Most authorities agree that faith is necessary on the part of the patient. This is not absolutely true if objective faith is meant. This lady emphasized the fact at the very start, that she had no faith whatever in the treatment. Objective faith is not necessary, and I tell my patients that it makes no difference whether they have any faith in the treatment or not. A subjective faith, however, is absolutely necessary. Without it no cure can be made. When hypnosis is induced, subjective faith can be at once established.

Brooklyn, N. Y.

CACTUS GRANDIFLORUS.

BY LYDIA ROSS, M. D.

Read at Massachusetts Eclectic Medical Society meeting, June, 1902.

Cactus grandiflorus, or night blooming cereus, is one of the newer additions to the materia medica and a remedy of value. It is a native of the West India Islands and Mexico. As a hothouse plant it is not uncommon, being noted for its rare blossoms of great size and beauty, which fill the air with their fragrance during one night of bloom.

The preparations of cactus are the fluid extract, dose i—xx m.; tincture, dose v—xxxm., and Lloyd's specific cactus, does i-3—ii m.

The part used is the green stem, and a proper selection and preparation is necessary to obtain the best results of this important remedy.

Cactus is said to act on the vaso-motor brain centre, on the spinal-motor centres, on the intra-cardiac ganglia and accelerator nerves, on the sympathetic nervous system and directly on the cardiac plexus. As might be supposed, from the widely-distributed nerve centres affected by it, cactus is peculiarly serviceable, not only in cardiac troubles, but in cerebral and constitutional wrongs of the circulation.

Large doses produce gastric irritation, belching of acrid gases, and sometimes bilious diarrhœa and melancholia. It is contra indicated in cases of increased arterial tension and increased force of heart beat and exalted nerve force. But as a heart tonic, in cases of enfeebled and irregular cardiac action, it is a remedy of great value and general usefulness. It is sedative, diuretic and anti-spasmodic. It produces stimulation by an actual increase of nerve tone, through improved nutrition of the entire nervous system and of the cardiac muscle. Unlike *strophanthus*, the continued administration of cactus does not result in irritation of the heart muscle, and

unlike *digitalis*, it has no cumulative effect nor does it produce gastric irritation.

This drug acts directly upon the sympathetic nervous system, regulating its action, whatever the perversion may be; and by a direct action upon the cardiac plexus, regulates the functional activity of the heart.

The first indication, in structural heart disease, is to relieve the feeling of precordial distress and oppression and the attendant feeling of fear. As these usually depend upon disordered innervation, cactus promptly gives relief, both to the oppression of the chest and to the depression of the mind. Investigations show that this drug increases the contractile power of the cardiac muscle through the inter-cardiac ganglia and accelerator nerves. It improves the nutrition of the heart, and is indicated not only in all functional irregularities, but because of its nutritive value, is the most promising remedy in organic lesions. As its continued use favors normal action, nutrition and waste, it is not illogical to suppose that organic lesions may improve under the removal of adventitious tissue, and an increase in strength and tone of the cardiac fibre.

Ellingwood states that in weak and irregular hearts, dependent upon muscular enervation and in aortic regurgitation, he has produced cures that were thought impossible. He prescribes it in progressive valvular inefficiency, with irregular or intermittent pulse, commending it in mitral or aortic regurgitation from whatever cause. Cactus is also useful in endocarditis or pericarditis occurring as sequelae to exhausting diseases. It is serviceable in valvular incompetency, due to cardiac muscular weakness, following typhoid, pneumonia and other prostrating diseases. The favorable influence of cactus upon the stomach, acts beneficially upon palpitation and cardiac irregularity dependent upon gastric wrongs.

Cactus seems to have the sedative effect of *aconite* with the regulating nervous influence of *pulsatilla*. Nervous exhaustion

may be accompanied by an increase either in irritability or of depression. Indeed, the unrest of many neurasthenics operates not infrequently both as a cause and an effect of their exhaustion. In this class of cases, small and frequent doses of cactus produce sedation by increasing the strength and tone of the nerve centres. Its favorable effect upon the cerebral circulation operates to improve the nutrition of the brain, giving added mental poise and impetus to the neurasthenics who usually suffer as much from mental discomfort as from physical disability. The remedy also offers relief to the nervous symptom of feeling a band or chord around the body or chest or head.

Cactus is recommended in combination with *avena sativa* and saw palmetto, in cases of the feebleness and impotency of approaching age, or that resulting from habits of dissipation. In functional heart troubles and even organic weakness, from cigarette smoking in boys, and that following masturbation and the use of alcohol and in the overstrained bicycle heart, there is no remedy superior to cactus. In these cases, the indications are met by its direct strengthening effect upon the heart muscle, as well as in toning up the nervous system and in equalizing both the vascular circulation and the distribution of nerve fluid. The improvement obtained from cactus thus has a gratifying permanence. This was happily seen in one of my cases of paralysis agitans, where the drug was prescribed with *Sp. phosphorous* and *ignatia*. The patient had suffered from distressing palpitation and irregular heart action, which seems to have permanently disappeared, though the nervous condition is making the inevitable progress.

Cactus is useful in gynecological practice. In oppressive headache at the top of the head, with nervousness, not uncommon at the menopause, resulting from pelvic irritation or congestion or profuse menorrhagic losses, it is helpful. I would emphasize the value of this drug in relieving the peculiar

vaso-motor wrongs known as "hot flashes" the *clineacteric*. The surprise manifested by most women upon hearing they may be relieved of this symptom, shows the need of acquainting the profession with this use of cactus. For hot flashes, small doses of this remedy seem to be almost specific, proving a welcome addition to our limited resources in controlling this symptom, as common at the menopause as it is distressing. The *melancholia*, nervousness, headache, irritability of temper, hypersensitiveness, neuralgia, as well as the vague fears and fancies which show disordered innervation of vascular and nervous systems at this period of transition, are all favorably influenced by *cactus grandiflorus*.

Watertown, Mass.

BASYL.

BY MAX MEYER, M. D., PH. D.

For thirty years we have aimed to make Quinine easily soluble to make it fit for subcutaneous use.

The result of these efforts was "*Chinin muriaticum carbamidatum*" and "*Chinopyrin*."

The latter is a dangerous heart depressant and the former is so weak that from four to five injections per day would be necessary to produce the desired effect; the administration of the same dose by mouth, however, would have the same effect, and the inconvenience and pain of the needle would be saved.

Hence the use of these drugs has been abandoned.

For many years I have tried to combine Quinine with Caffeine and finally I was successful and have produced a chemical compound which forms the basis of a great number of combinations with alkaloids, which possess almost unlimited solubility.

This component I have named *Basyl*, and it is fully described in my patent No. 681505.

The chemical name of *Basyl* is "*Quinin Methyl Dyhydrazin Perchlorate*," and con-

sists of Quinine and Caffeine combined in such a way that the new compound differs very materially regarding the chemical, physical and therapeutical character and property from the components. Basyl does not undergo any change at ordinary temperature, it does not decompose nor does it deteriorate and its solutions do not crystallize. Basyl is of a yellowish-white color, inodorous and of bitter taste. Strong alkaloids combine readily with it, but the greatest therapeutical value lies in these alkaloidal combinations, which acquire properties similar to those found in the well-known animal antitoxins.

Basyl also combines with inorganic substances and forms compounds which act as specifics in acute and chronic diseases.

The danger from animal antitoxins I need not point out here, but I desire to emphasize that the Basyl combinations are reliable in their action without being dangerous, and as the Basyl alkaloid compounds are all of a vegetable nature I have termed them "Vegetable Antitoxins."

Basyl and its combinations can be administered by the mouth, subcutaneous, endermic, etc., and I give herewith a few formulæ for subcutaneous use:

1.—

Atropine sulf.	0,01
Basyl.	
Aqua dest.	aa 10,0
Sig. Morphinum Substitute.	

2.—

Atropine sulf.	0,0025
Basyl	5,0
Aqua dest.	10,0
Sig.: In diphtheria, etc.	

3.—

Scopolamine hydrobromate	0,007
Basyl.	
Aqua dest.	aa 10,0
Sig. In asthma, etc.,	

4.—

Erysocamine	0,006
Basyl.	
Aqua dest.	aa 10,0

Sig. In Marasmus senilis, etc.

5.—

Liq. Kal. arsenic	6,0
Basyl	9,0
Aqua dest.	3,0
Sig. In malignant tumors, etc.	

6.—

Strychnine nitr.	0,06
Basyl.	
Aqua dest.	aa 9,0
Sig. In paralysis, etc.	

7.—

Eserine salicyl.	0,01
Basyl.	
Aqua dest.	aa 10,0
Sig. In Epilepsy, etc.	

8.—

Pilocarpine mur.	0,1
Basyl.	
Aqua dest.	aa 7,5
Sig. In Lung Diseases, etc.	

9.—

Basyl.	
Aqua dest.	aa 10,0
Sig. As dilution when the above solutions act too strong.	

The application of Basyl endermically is highly effective, but as it does not combine with fats I prepare the following liniment called Basyl oil:

Basyl	5,0
Chloroform	37,5
Alcohol	12,5
Olive Oil	45,0

Sig. Half a drachm to one drachm for an area of one square foot.

This preparation has proven to be of the greatest analgesic value, removing in short time all pains from a slight toothache to the most excruciating sufferings of Rheumatism.

In acute diseases the inunctions are applied three to four times daily; in chronic ailments, once per day.

The indications for the use of Basyl preparations are unlimited, but their therapeutical employment must be sharply defined, which cannot be done here in a few words.

Basyl is contra indicated in Phthisis pulmonalis and diseases of the mind, because the reaction of the compound is too violent.

The constant and continued use of Basil is harmless to the system, neither has the initial dose to be increased for continued action, nor is a desire present when the treatment has been finished.

For experiment I have given Basil for a very long period to a number of persons, but not the slightest disturbance or inconvenience could be demonstrated and for about ten years I have indulged in 0,5 to 1,0 Basil every day, or totally about 5 pounds within ten years, without noticing any bad effect; on the contrary I have noticed that Basil acts as a true prophylactic in shielding me against all sorts of disease, with which I had to come in contact professionally.

The toxic maximal dose I could not discover, but I found that 0,5 Basil per dosis and 1,2 per day is the maximal efficiency of Basil.

The maximum of antipyresis is produced by an injection of 0,5 Basil and a syringeful of Basil solution is sufficient for 24 hours to subdue the fever even when the temperature is above 104 degrees F.

I call special attention to the fact that Basil atropine solution No. 1 acts like Morphine, but without its dangerous sequelæ.

It might seem that the components of Basil would be just as effective as the new compound, but this is not the case, as I have tested fully. Basil has a wider range than any of its components, besides that the doses of Basil can be taken much smaller than either one of the components to produce not alone the same, but better results.

1,0 Chinin equals to 0,3 Basil; 0,6 Caffeine equals to 0,2 Basil.

It is, therefore, evident that all the danger and bad effects resulting from large doses of the components are eliminated by the use of Basil. This new compound "Basil" is well worth a trial. The results are astonishing.

124 E. 115th St., New York.

CALCIUM IODIDE.

BY P. NILSSON, M. D.

Calcium Iodide is a yellowish, very hygroscopic solid, of a faint odor of Iodine. It must be kept in well stoppered bottles, as it is readily decomposed by moist air. It has a very offensive taste, which, however, can be easily overcome by the addition of one drachm of Liq. Amm. Acetatis for every 10 grains of the Iodide. My usual dosage is from one-half to two grains, repeated every one or two hours as necessary. It is a prompt and powerful solvent of inflammatory exudates, a fact on which its chief usefulness as a remedy depends. Its best action is undoubtedly in phlegmonous tonsillitis, in which I regard it as a real specific. I generally give it combined with Nux. Vom. on account of the adynamia always present in this condition. I have yet to see the case of Quinsy that could not be brought to a termination within 24 hours by this remedy. In broncho-pneumonia or better suffocative catarrh with adynamia it will liquefy the exudate and enable the patient to throw it off. In diphtheria and in some cases of scarlet fever it becomes a valuable remedy. In the few cases of pleurisy with effusion where I have used it, I have succeeded in establishing a rapid and complete cure. In rickets, I give it in small doses and have always noticed improvement from the first. It improves the appetite, makes the bones firmer and makes the little patient more lively. In croup, both mucous and pseudo-membranous, I always rely on it in combination with other indicated remedies. In lymphatic glandular enlargements it is disappointing except in cases secondary to or accompanying acute inflammations in other organs or tissues. In croupous pneumonia it will promptly bring on resolution, provided no contra indications for its use are present.

It should not be given where we have paroxysmal and distressing cough, nor where we have much intolerance of the

stomach. It is seldom indicated where the fever is very high. Short, sticky mucous is readily removed by it; long, stringy mucous is generally accompanied with too much irritation to permit the use of the remedy.

My principal indications for Calcium Iodide are: Tumefied mucous membranes of the respiratory tract, covered with short, sticky mucous or inflammatory exudate. Adynamia with respiratory embarrassment. Inflammatory exudates or effusions in other parts, particularly in serous membranes.

New York City.

THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

POISONING.

The diagnosis and treatment of poisoning by the most important poisons to be given in this series of articles have been carefully compiled from the latest and most reliable authorities accessible to the writer, and are believed to be worthy of confidence.

The poisons considered are given alphabetically, for the reason that the writer believes this to be the most convenient arrangement, both for study and ready reference.

In attempting to make a diagnosis, it should be remembered that in most cases of poisoning the symptoms commence suddenly, and not long after some substance has been swallowed, the patient being up to the time of the sudden attack in good health, or, at least, free from any of the important symptoms presented. It should also be borne in mind that the symptoms of poisoning progress steadily, and are uniform in their nature throughout their continuance. There are, of course, exceptions to these rules. If at the time of taking the poison

the stomach contains a large quantity of food the symptoms may be delayed. In intoxicated persons the effects of narcotics are more or less obscured, and a person already suffering from some abnormal condition may have his existing symptoms aggravated by a poisonous agent administered to him. The symptoms produced by cholera, internal hemorrhage, the bursting of an aneurism, and many other abnormal conditions, are suddenly manifested, and many times rapidly terminate in death, but with a reasonable amount of care and thought, these cases can be differentiated from the results of poisonous drugs.

A person who is suddenly attacked with violent pain, vomiting, purging, convulsions, delirium, or great drowsiness, soon after taking food or drink, may be supposed to be suffering from some form of poison, and every symptom of the patient's condition should be carefully noted, and every effort at once made to ascertain all facts and circumstances connected with the case. Poisons, it should be remembered, are not always introduced into the body by the mouth. They may be introduced by means of suppositories and enemas, by inhalation, by subcutaneous injections, and in many other ways. In the female they have many times been placed in the vagina by persons holding intimate relations with the victims, and vaginal injections have frequently afforded means of introducing a deadly drug.

When a case of poisoning is once recognized, no time should be lost in waiting for favorite remedies. The remedy most quickly obtained is the best remedy.

In the treatment of poisoning five rules should be kept constantly in mind, namely:

1. Get rid of the poison as soon as possible.
2. Stop the action of such portion of the poison as may have become absorbed.
3. See that an additional poisoning is not caused by the antidote employed.
4. Remedy the damage caused by the poison.

5. Constantly guard against the usual tendency to death.

ACID, ACETIC.

Diagnosis.—Acetic Acid, in its concentrated state, is very corrosive. Cases of poisoning by it are recorded, but they are not frequently met with. The symptoms produced by it are much the same as those of poisoning by other corrosive acids. In addition, there may be convulsions.

Treatment.—This consists of the free use of calcined magnesia or the carbonate of magnesia, oils, linseed tea, milk, and any mucilaginous drinks.

ACID, CARBOLIC—PHENIC ACID.

Creasote, anilin, nitro-benzol, picric acid, artificial oil of bitter almonds, and carbolic acid are substances which have a similar action, but as carbolic acid is much more commonly used than either of the others, it is deemed sufficient to give the diagnosis and treatment of poisoning by this acid.

Diagnosis.—Carbolic acid has a two-fold action. Its local action is that of a corrosive, and its general action is on the nervous system. This general action is usually the cause of death in poisoning by carbolic acid. The symptoms produced are burning in the mouth, throat and stomach, whitening of the lips and mouth, sometimes vomiting, coma, stertorous breathing, marked *contraction of the pupils*, syncope, anæsthesia, a condition resembling drunkenness, vertigo, delirium, pulselessness, rapidly occurring collapse, a *tarry odor* of the breath, and olive-green coloration of the urine. The marked *contraction of the pupils* might suggest poisoning by opium. The appearance of the mouth and the odor of the breath should, therefore, be carefully noted. Death most frequently follows within an hour or two of the administration of the poison.

Treatment.—The action of carbolic acid is so rapid that there is usually little time for treatment. An effort should be made to promptly remove as much of the poison as possible. Oleagenous substance, which will dissolve it, should be given, together with

quickly acting emetics, to get rid of them. Oils, milk, or white of eggs should be given freely. As the softening resulting from this agent is superficial, the stomach pump may be used, but it should be with great care. Dr. Edmund Carleton says that cider vinegar is an efficient antidote to carbolic acid poisoning. It is equally reliable for both internal and external use. One-half cupful of vinegar, diluted with an equal quantity of water, the doctor says, should be administered, and the dose repeated in a few moments.

ACID, CARBONIC.

Diagnosis.—In its pure state this gas causes immediate death by asphyxia. When sufficiently diluted to be inspired it gives rise to giddiness, headache, vomiting, a tendency to sleep, loss of muscular power and benumbing of the senses. The heat of the body is gradually lost, the face becomes livid, respiration stertorous and finally complete insensibility ensues.

Treatment.—Prompt removal to the pure air, cold affusions, and stimulating applications to the chest and extremities constitutes an approved treatment. Artificial respiration, galvanism and the inhalation of oxygen gas are also recommended.

(To be continued.)

HARD LUCK.

It is a great thing to have firm convictions, but it is not always wise to use one's own body as a means of demonstrating their truthfulness. Possibly Dr. H. L. Houghton has now come to this very reasonable conclusion. The doctor is a very fine man and a physician of excellent attainments, but in some unaccountable way he slipped a cog and became a leading light in that crowd of "wiser than thou" people who seem to believe that vaccine virus has a locomotive power for evil which can beat His Satanic Majesty "on a dead walk." Dr. Houghton is located in Winchester, Mass., where a brother anti-vaccinationist was recently

stricken down with small-pox. Here was the opportunity for the doctor to show his preparedness to cope with the unpleasant disease, even if he never had submitted his body to the dangers of vaccination, and he at once gave up his practice so that he could devote his entire time to the care of his afflicted brother. In due time the doctor also became a victim of small-pox and was taken to the house of Dr. McIntosh, another anti-vaccinationist, who not only took him in, but took the disease as well. Now the bad man of the board of health has quarantined both of the doctors. This is hard luck indeed.

DISEASES OF CHILDREN.

One who carefully examines "The Eclectic Practice in Diseases of Children," by Dr. W. N. Mundy, cannot fail to observe an abundance of evidence of the fact that the doctor knows how to write a very entertaining and instructive book. In his preface Dr. Mundy says that his "aim has been to offer a manual on the Diseases of Children based upon the Eclectic system of therapeutics according to the modern and approved Eclectic practice," and he certainly has ably accomplished his purpose, and presented to the profession a thoroughly up-to-date work on this important branch of practice. It fully and tersely covers the entire list of diseases peculiar to children, and is just such a work as the doctor needs for a constant companion. Every progressive practitioner should, therefore, at once place it in his library. The first ninety pages are devoted to infantile therapeutics, and they constitute a valuable study of the remedies likely to be needed in the treatment of children. The indications given are reliable and well presented. Eighteen pages are devoted to the care and management of infants, including an instructive article on their proper food. The chapter on nutrition, malnutrition and marasmus is alone worth the price of the book. The work

makes a beautiful volume of 630 pages, and is published by The Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio. Price, \$2.50.

IPECACUANHA

The following abstract is taken from Dr. Fyfe's *Materia Medica and Therapeutics*:

Ipecac, in small doses, is a frequently indicated remedy. Acute bronchitis, pneumonia, diarrhoea, dysentery and cholera infantum are among the abnormal conditions likely to call for its exhibition. Ipecac and Aconite are many times the only needed medication in cholera infantum, and the same prescription will cure most cases of ordinary summer diarrhoea. Hemorrhages from the lungs and nose are well treated with nauseant doses of this drug, and passive hemorrhage from the stomach many times yields to minute doses of Ipecac after all other remedies have failed to make the least impression on the alarming condition. In doses of from ten to thirty drops of the specific medicine (or a good fluid extract) it is a valuable specific emetic; that is, a valuable emetic which produces emesis when introduced into the circulation from any part of the system. Its mild action makes it especially useful in the treatment of children. As an emetic the dose should be given in warm water and repeated every ten to thirty minutes until the desired result is obtained.

Indications.—Irritation of the stomach, large or small intestines; irritation of the bronchial mucous membranes and air-cells; irritation of the mucous membranes with increased secretion, when the tongue is narrow and pointed; profuse menstruation; passive hemorrhage; nausea and vomiting when the tongue is narrow and pointed; hoarseness following coughs and colds.

Usual prescription.—℞. Ipecac, gtt. v to xx, water ℥iv. M. Sig. Dose one teaspoonful every hour.

While arranging the treatment for your cholera infantum cases don't fail to carefully

look for the indications for ipecac, nux, gelsemium, rhus tox., belladonna, baptisia, aconite, euphorbia corollata, magnesia (calced), and bismuth, for a rational treatment will surely call for one or more of these drugs. Get clean and reliable preparations, and use small doses.

In dysentery, when there is severe cutting pain in the abdomen, accompanied by very frequent slimy and sanious stools, with tenesmus, kali muriate will prove curative. \mathcal{R} Kali Mur., 3x, gr. xx, water \mathfrak{z} iv; teaspoonful every half hour to every two hours. If there is much fever add twenty grains of the third trituration of Ferrum Phos. to the prescription.

The young doctor who has his anatomy and physiology well in hand, and thoroughly studies Watkins' Compendium of the Practice of Medicine, Mundy's Diseases of Children and Fyfe's Materia Medica and Therapeutics, cannot fail to become a successful practitioner of medicine.

In dysentery, when there is crampy pain in the rectum with every stool, as from prolonged spasm of muscles, Magnesia phos. is said to act promptly in a curative direction. Give one grain of the third trituration in hot water every half hour to every four hours.

Even if it is a good thing to know all about the germ theory of disease, the doctor who is well up in his therapeutics is usually the doctor who most speedily cures his patients.

While passiflora is now over-rated, no doubt it will eventually find a prominent place in our list of curative agents. It exerts a quieting influence in many cases of irritation of the nervous system, and is a good hypnotic for children. The dose is from ten to sixty drops.

Any doctor's daily experience can be made of value to other physicians, and especially

so, if his many failures are faithfully reported.

The various forms of heart failure, as well as spasmodic and congestive pains, call for glonoin most emphatically.

OHIO STATE ECLECTIC MEDICAL ASSOCIATION.

The thirty-eighth annual meeting of the Ohio Eclectic Medical Association was one of the most successful and largest attended for several years. One hundred and twenty-five were in attendance and sixteen new members were added to the roll. The meeting was distinguishable by reason of the large number of young men in attendance; several being graduates of the session of 1902.

The program, though long, was finished on schedule time, notwithstanding many of the papers evoked considerable discussion. The meeting was also conspicuous by reason of the large number of ladies in attendance; many more than usual.

Time was taken for recreation. Tuesday evening was devoted to a trip abroad under the guidance of Prof. L. E. Russell, who illustrated his talk by means of a stereopticon. Wednesday afternoon was occupied in a boat ride around Put-in-Bay Island and the evening by a musicale given by the Otterbein Quartette.

The Committee on Necrology reported the deaths of Drs. David Williams and J. C. Butcher, both ex-presidents and earnest workers for years past in the society. Both were also members of the national organization; Dr. Williams being an ex-president of the same.

The officers for the following year are: President, W. S. Turner, Waynesfield; first vice-president, W. E. Postle, West Jefferson; second vice-president, A. E. Ballmer, Pandora; corresponding secretary, C. G. Smith, Cincinnati; recording secretary, W. N. Mundy, Forest; treasurer, R. C. Wintermute, Cincinnati.

W. N. MUNDY, Secretary, Forest, O.

AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS.

The fifteenth annual meeting of the American Association of Orificial Surgeons will be held in Chicago, September 10th and 11th, 1902. A program is being made up of lectures and papers by the leading specialists and practitioners in rectal, genito-urinary and gynecological work, and in the treatment of all chronic diseases. The orificial surgeons are the workers in the great field of the reflexes and the profession generally is every day being brought closer to a realization of the fact that the reflexes play a most important part in the chronic manifestations of disease. Papers and discussions will cover the entire scope of the work, preparatory, operative and therapeutic, and the sessions will be of great benefit to all who attend. H. C. Aldrich, M. D., of Minneapolis, Minn., president; Ralph St. J. Perry, M. D., secretary, Farmington, Minn.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

J. A. B.—Would it be safe to prescribe the following formula in thirty and sixty-grain doses for pregnant women?

R Powdered Senna 2 drachms.
Powdered Licorice 2 drachms.
Powdered Fennel seed 1 drachm.
Sublimed sulphur 1 drachm.
Powdered sugar 6 drachms.

I see no reason why any one, who is fond of giving mixtures, should not make use of the above formula for the purpose indicated.

It is well known that in some women, when there is a tendency to abort, care must be exercised in the giving of any cathartic.

in many cases a sufficient attention to the diet of your patients during the period of pregnancy will render the use of cathartics unnecessary.

This method requires more care on the part of both physician and patient, but is infinitely preferable.

A. C. D.—Can you suggest any method whereby nauseous medicines, such as castor oil, may be given without the aid of capsules, and taste prevented?

If you will have your patient hold the nose tightly by the two fingers while the oil is being swallowed and then rinse the mouth out with a little black coffee before the fingers are removed your patient will be both surprised and pleased that there was no taste whatever.

E. H. M.—Can you suggest something to relieve painful urination?

Once more I must ask those who send these questions to be more explicit. With such a question as the above it is as hard to answer intelligently, as it is to prescribe for a patient you have never seen.

On general principles I would say have your patient drink large quantities of lithia water and give internally gelsemium as follows: R Gelsemium, gtts. xx. Aqua ounces iv. Sig. Teaspoonful every hour.

SELECTIONS.

INDICATIONS FOR THE ADMINISTRATION OF ACONITINE.

In an interesting article on the alkaloid, Aconitine, Dr. John M. Shaller, in the August number of the *Alkaloidal Clinic* says:

Aconitine is the great jugulator of acute inflammatory diseases. Every endeavor should be made to administer it very early in acute inflammatory, and in acute infectious diseases. The presence of fever, or of those premonitory symptoms which indicate that an acute febrile disease is threatening, are sufficient reasons; no, they are the very

best and only reasons why aconitine should be prescribed. The presence of acute fever, even though it is impossible to foretell what the disease will be, is the only indication that is necessary for prescribing this remedy. In all cases in which asthenia is not present, active treatment with amorphous aconitine should be begun at once.

To give a placebo and wait until to-morrow in order to make a positive diagnosis, before beginning active treatment, is a loss of very valuable time.

The rise in temperature is ominous and may prove serious. When the human body is plainly showing by many signs, as by abnormal temperature, chilliness or rigor, headache, backache, general lassitude, quickened pulse and respiration, that an inflammatory disease is threatening, experience cannot always say where the general storm, which seems to be gathering in all parts of the body or at least pervades throughout the body, will finally localize its entire force. If this force is localized, congestion results, and this in turn leads to inflammation. It is our duty to attempt to prevent this general storm from localizing in a single organ or structure. If the local congestion is primary and the general symptoms as described are secondary, our efforts should still be for jugulation, and the results of treatment will be the same. Congestion may be checked and the disturbed circulation will be restored to the normal. Whenever this has been done an inflammation has been prevented. Even if inflammation is present it may be checked, preventing its further advancement and the establishment of disease.

There is no doubt, whatever, about this, and notwithstanding the preponderance of opinion against this, acute inflammatory diseases are aborted.

It is readily understood why treatment should be begun early. Jugulation or abortion of disease means cutting it short. The only time to do this is, not four or five days after the disease is established, but during its incipency. Every case which presents itself

with prodromal febrile symptoms, if unchecked by nature or art, will of necessity terminate in disease. This should be more fully realized, and promptly acted upon. As soon as such a case presents itself amorphous aconitine should be given, the frequency of the dose depending upon the degree of fever, and it should be pushed until some improvement is manifest.

In the majority of cases the various symptoms will gradually subside. The temperature will be restored to the normal within twenty-four hours. Those cases which could not be aborted will likely run a shorter course under aconitine than under any other treatment. This has been the writer's experience and this is his chief reason for using aconitine in the treatment of acute inflammatory diseases.

Why physicians do not generally believe in the jugulation of diseases of the inflammatory type is, because they have been wrongly taught that diseases always run their course in spite of all that can be done. Fifty years ago it was taught that blood-letting was the orthodox treatment. This has been proved to be a fallacy. Yet at that time every doctor bled his patients. Because it was right? No! But because it was the accepted treatment of that day, just as active treatment is not the generally accepted plan to-day. The expectant plan seems to rule. This consists in treating symptoms as they arise, in nourishing the patient and in letting the disease run its course.

The use of aconitine has taught many physicians one important thing, viz.: that active interference in acute febrile disease not only shortens their duration, but, if begun early enough, absolutely aborts them. Aconitine does this without risk to the patient. The proper use of aconitine is not accompanied by any depressing influence, and convalescence is rapid. Besides, supportive measures are carried along in conjunction with aconitine treatment. The inactive, expectant plan of treatment, has been

in vogue ever since active blood-letting was condemned. One extreme followed the other. Active treatment is not always needed, but in the beginning of acute inflammatory diseases, *it is absolutely demanded*, with the distinct idea of jugulation. For this purpose amorphous aconitine is the efficient and safe remedy.

COMPLICATED ANÆMIA.

BY T. J. BIGGS, M. D.

Ruth K——, age 14, American, admitted November 14th. Diagnosis: Essential anæmia.

The patient had been sent to me by Dr. B——, who said that in spite of all treatments employed, his little patient had grown steadily worse, and the parents were well-nigh discouraged. Her condition was associated with menstrual disorders; a year previous she said her disposition seemed to change. She found she was becoming morose and despondent, at times hysterical, and suffering very much from melancholy. Her menstrual order was of the menorrhagic form; her complexion was pallid, waxy, skin puffy without cedema; she was easily fatigued upon the least exertion; the heart was irritable; there was shortness of breath, pulse full, but soft, and at times pulsations in the peripheral veins. There was a disgust for food, imperfect digestion and occasional attacks of gastralgia. In the right apex there was a suspicious dulness, indicating a possible incipient phthisis. Examination of the blood showed a relative decrease in quality and quantity of the hæmoglobin, resulting in the blood being paler than normal. The red corpuscles were lighter in color and showed less tendency to form rouleaux; their character was changed, not being of uniform size, some normal, others small (microcytes), others usually large (macrocytes), other irregularly shaped (poikilocytes). The number of corpuscles to a cubic millimetre was about 2,500,500.

The white corpuscles were considerably increased in number. A few granular bodies were present, indicating degeneration of the white corpuscles.

The patient was put to bed, secretions regulated, and a half teaspoonful of bovine was ordered every hour in peptonized milk.

On November 18th, the bovine was increased to a tablespoonful every two hours.

November 30th, the bovine was increased to a wineglassful every two hours, given in peptonized milk, alternating with old port wine. The patient at this time showed some improvement, felt stronger, slept better, digestion seemed excellent, bowels regular, and she slept throughout the night quietly.

December 10th, microscopic examination of the blood showed increased quantity and quality of hæmoglobin, and red blood cells 3,000,000 to the cubic millimetre.

December 18th, the patient had gained seven pounds in weight, color good, puffiness of the skin disappeared, and she was taking daily exercise in the open air without suffering fatigue.

December 24th, microscopic examination of the blood showed hæmoglobin almost normal, the red blood cells about 4,500,000 to the cubic millimetre, general condition splendid.

On December 26th, patient was discharged, cured.

The complete, thorough and rapid cure in this case was undoubtedly due to the blood treatment, for all through her course of treatment, outside of cathartics and some mild heart stimulant, she took absolutely nothing but bovine. Bovine acts in anæmia in all its forms by first stimulating the blood cells to a healthy proliferation, and secondly, by properly and thoroughly supplying perfect nutrition, carries them on to a full and healthy maturity. Iron in all its forms, while at first undoubtedly beneficial, can only go half way, for it simply stimulates the proliferation of the blood cells and

supplies only partial nutrition, the result being that in the majority of cases where it is employed alone, many of the newly born cells, for lack of proper nutrition, atrophy, or become granular bodies.

Stamford, Conn.

CALCIUM IODIDE.

Calcium iodide as a substitute for iodoform is recommended by William Mackie (*Zeitschrift der Oesterreicher Apotheker Verein*). He has used it with very good results in both powder and saturated solution as an antiseptic, in place of iodoform. It diminishes suppuration in wounds and has proved useful as a deodorant and antiseptic mouth-wash.—*Medical Bulletin*.

STERILIZED GRAPE JUICE AS MEDICINE.

The grape cure and the cost which it necessitates place it ordinarily beyond the means of most patients. E. Ivanov (*La Sem. Med.*) replaces it with expressed grape juice, which can be taken about half an hour or hour before breakfast in doses of from four to eight ounces, and which corresponds ordinarily to two hundred or four hundred grams of grapes. The liquid must be preserved in bottles carefully corked, and kept in a cold place. It must be warmed slightly before being taken in order to make its effects more active. As soon as the dose has been absorbed the patient should take a little walk or other exercise. The author has successfully treated in this manner a number of cases of chronic bronchitis, nephritis and intestinal atony. He also employs it with equal success as a general tonic for convalescents from typhoid fever and severe forms of grippe. In two cases of organic heart disease, in one of aneurism accompanied with renal congestion and edema of the lower extremities and abdomen, this grape juice proved to be especially useful by reason of its diuretic action. The author thinks that this juice can be advantageously substituted for the grape cure, not only be-

cause it is convenient, but also because it is exempt from the ordinary objections to grapes, namely, irritation of the teeth, of the mucous membrane of the mouth and occasionally of indigestion from fermentation after eating the fruit.—*Medical News*.

UNNOTICED FRACTURES IN CHILDREN.

F. J. Cotton states that the systematic use of the X-ray has confirmed the suspicion that fractures not infrequently exist with but slight symptoms, that mere cracks may readily be overlooked, that incomplete fractures or complete fractures without displacement are commoner than was formerly supposed, and may exist without being suspected by the patient. Eighteen cases are reported, ten of fracture of the clavicle, three of the bones of the forearm, two of the tibia and three of a metatarsal bone, which illustrate the author's point, that we all tend to underestimate the tolerance of children to fractures.

In small children, where there is a history of a fall or other trauma, and especially where the arm or shoulder girdle may be involved, the only safe way seems to be to assume a fracture as probable, till every inch of bone has been gone over carefully. Only in this way can we be safe from occasional oversights and from ignominious explanations later on.—*Medical Record*.

COCOANUT FOR TAPEWORM.

The use of the common cocoanut for tapeworm is not generally known. A writer in the *Medical Summary* advises the eating of cocoanut to the exclusion of all other diet for two or three days. He claims that the worm will come away entire in every case without the use of a cathartic. If this simple measure be found available, it will be an important addition to the therapeutics of this condition.—*Chicago Med. Times*.

Send to the advertisers in the REVIEW for catalogues. *You may find out something.*

CRUDE OIL AS A SOLVENT.

Dr. W. N. Robertson, of Warren, Penn., in a communication to the editor of *American Medicine* refers to the failure of high injections of water, oil and water, etc., and then says physicians of the oil regions have found out by experience that the common crude oil as it comes from the wells is the best solvent known for the disintegration of fecal masses. There is no fecal mass which it will not penetrate and soften. One quart of the oil should be introduced through a colon tube and allowed to remain for twelve hours. There is usually no trouble about its retention. This treatment has been found to succeed after the most energetic use of water and sweet oil and glycerin failed to give relief. The crude oil has also been used internally, and there seems to be no reason why it should not be given by the mouth in conjunction with the rectal injections for obstipation. In that case it should be given with castor oil.

 OPERATIVE CURE OF CHRONIC BRIGHT'S DISEASE.

The proposal to treat chronic Bright's disease by operation was first made by Edebohls (*Medical Record*, Dec. 21, 1901), after he had obtained favorable results in four out of six cases, in which he had performed nephropexy for the purpose of anchoring a movable kidney in the presence of well marked chronic Bright's disease. In five of these six cases nephropexy was undertaken without any idea of favorably influencing the chronic nephritis known to exist, the indication for operation being given solely by the existence, in an aggravated degree, of the usual symptoms due to mobility of the kidney or kidneys. The effects of nephropexy upon the co-existing chronic Bright's disease, whatever they might prove to be, were simply hazarded in view of the necessity of relieving the patient of a number of intolerable symptoms. Encouraged by the permanence of the cures of chronic nephritis in earlier cases, he has during

recent years performed nephropexy by preference upon patients suffering from chronic Bright's disease. This may account for the fact that among the 191 patients upon whom he has performed nephropexy, there were no less than sixteen sufferers from chronic nephritis. The results proved gratifying beyond all expectation. As none of the patients after operation received any further treatment for their chronic Bright's disease, the conclusion became inevitable that the cures and improvement obtained with practical uniformity must be ascribed to the operation itself.

In Edebohls' opinion, a practical division or classification of chronic Bright's disease is to designate as interstitial nephritis those cases in which the gross evidences of inflammation of the connective tissues of the kidney predominate; as parenchymatous nephritis those in which the involvement of the secretory apparatus forms the salient feature, and as diffuse nephritis those inflammations of the kidney characterized by implication, in fairly equal degree, of both the parenchyma and the connective tissue of the organ.

Of the eighteen patients with chronic Bright's disease operated upon, five had right chronic interstitial nephritis; four had left chronic interstitial nephritis; four had right and left chronic interstitial nephritis; two had right and left chronic parenchymatous nephritis, and three had right and left chronic diffuse nephritis.

In fourteen of the eighteen cases, both kidneys were operated upon—in twelve instances at one sitting, and twice at two sittings. In four patients operation was performed on one kidney only, in every instance the right.

Of the four patients whose right kidney alone was operated upon, two recovered completely and remained in lasting health. It is probable, therefore, that their left kidneys were at the time of operation in perfect health. A third patient disappeared from observation. The fourth patient had her

left kidney removed by another surgeon within three years after Edebohls' operation on the right. The left kidney was probably diseased at the time of operation on the right.

The left kidney alone was affected by chronic Bright's disease in four cases, the right alone in four cases, and both kidneys in nine cases, while in one case the unilateral or bilateral nature of the disease remains undetermined. In other words, the chronic nephritis affected both organs in nine cases, and one kidney only in eight cases, one case remaining doubtful.

In six of the eight cases in which the disease is recorded as unilateral, the healthy condition of the other kidney was verified at operation.

The fact that chronic Bright's disease may be unilateral in one-half, or nearly one-half, of a series of eighteen cases may come as a matter of surprise. The fact, however, well explains the chronic course of many cases of Bright's disease, and the comparatively little disturbance of health the disease sometimes occasions. The healthy kidney simply performs the eliminative work of both kidneys, and the toxemic symptoms of uremia are not manifested.

The diagnosis of chronic Bright's disease in the eighteen cases was based upon the previous history of the patient, upon the chemical and microscopical examination of the urine, and lastly, upon the critical test of actual inspection and palpation of the kidney at the time of operation. This evidence was supplemented in two cases by microscopical examination of a small piece of kidney tissue removed at operation.

The evidences of chronic Bright's disease, as revealed by operation, clinched the diagnosis beyond peradventure in all the cases. They were, in each instance, so positive and pronounced as to leave no room for doubt.

Excision of the renal capsule proper is performed as follows: The patient is placed prone upon the table, with the author's kidney air-cushion underlying and supporting

the abdomen. Both kidneys are thus rendered accessible to operation without the necessity of changing the patient's position. An incision is carried from the twelfth rib to the crest of the ilium along the outer margin of the erector spinæ, without opening the sheath of that muscle. The fibers of the latissimus dorsi muscle are bluntly separated in the direction of their course, without cutting. The iliohypogastric nerve is sought for and drawn to one side or other, out of the way of harm. Division of the transversalis fascia exposes the perirenal fat. This is divided over the convexity of the kidney until the capsule proper is reached. The fatty capsule is now bluntly separated everywhere from the capsule proper, the dissection advancing on either aspect and around both poles of the kidney until the pelvis of the kidney is reached. Now and then the fatty capsule may be found so thickened and adherent, as the result of chronic perinephritis, that the scissors or knife may be required to separate it from the capsule proper. The kidney, with its capsule proper, is next lifted from its fatty capsule bed, and, if possible, delivered through the wound. The capsule proper is divided on a director along the entire length of the convex external border of the kidney and clean around the extremity of either pole. Each half of the capsule proper is, in turn, stripped from the kidney and reflected toward the pelvis until the entire surface of the kidney lies raw and denuded before the operator. In separating the capsule proper from the kidney, care must be exercised not to break or tear away parts of the kidney, which is often both very friable and very firmly connected with its capsule proper. The stripped-off capsule proper is next cut away entirely, close to its junction with the pelvis of the kidney, and removed. Delivery of the kidney makes this otherwise difficult work easy. If the kidney cannot be delivered, the capsule proper must be entirely peeled off the kidney by the fingers in the bottom of the wound, and excised as far

as possible, any remaining portion being simply reflected backward around the root of the kidney, where it will curl up and stay. The kidney is dropped back into its fatty bed and the external incision is closed. Drainage, except when the parts are extremely edematous, is dispensed with. After both kidneys have been thus operated upon, the dressings are applied and the patient is put to bed.

There has thus far been no mortality in Edebohls' operations upon the kidneys of patients affected with chronic Bright's disease. All the patients recovered from the operation, and all but two are alive to-day. One of the two died after an operation for ruptured tubal pregnancy, performed by another surgeon, exactly one year after operation on her kidneys; the other succumbed to a hysterectomy, also performed by another surgeon, eight years after operation on her right kidney.

Of the eight patients observed from one year to over eight years after operation, the further progress of whose cases and whose final condition fully justify the title of this paper, all are cured of their former chronic Bright's disease, and seven of them (one of the cases died from accident) remain so cured, as a result of operation on their kidney or kidneys, none of them having received further treatment of any kind after operation. They are free from all symptoms referable to the kidneys, and their urine remains perfectly free of albumen and casts.

That chronic Bright's disease is curable by operation is apparently demonstrated beyond any legitimate doubt by the results obtained in these eight cases. The significance of this demonstration or proof becomes apparent when we consider both the wide prevalence of the disease and its inevitable tendency to a fatal termination, delayed though that termination may be, under any and all forms of treatment hitherto known.

Edebohls, however, does not entertain any enthusiastic hopes or expectations that

chronic Bright's disease will be found to yield to surgical treatment in all cases and in all stages of the disease. When the patient is practically moribund, sufficient time may not be left for the circulatory changes in the kidneys, initiated by the operation, to produce any good results. The first beneficial effects of operation, as indicated by the increased flow of urine, do not appear before the tenth day. The manifold complications of the advanced stages of chronic Bright's disease, many of them in themselves necessarily fatal, will also stand in the way of our saving lives, even if we succeed in curing or improving the chronic Bright's disease. A number of these complications will, in addition, prove almost prohibitive to undertaking any operation whatsoever.

The increased and adequately maintained blood-supply to the kidney established by Edebohls' operation leads, most probably, to gradual absorption of the interstitial or intertubular inflammatory products and exudates, thus freeing the tubules and glomeruli from external compression, constriction, and distortion, and permitting the re-establishment in them of a normal circulation. The result of this improved circulation in and between the tubules and glomeruli is the regenerative production of new epithelium capable of carrying on the secretory function.

Renal decapsulation is performed with the object of creating new and liberal supplies of arterial blood to the diseased kidney. Both the denuded kidney and its fatty capsule are most liberally supplied with blood-vessels; both are brought together by the operation over the whole extent of the surface of the kidney, and the necessary result must be the formation, on the most extensive scale possible, of new vascular connections between the kidney and the fatty capsule embracing it. The fibrous capsule proper forms an almost impenetrable barrier to the passage of blood-vessels between the kidney and its fatty capsule.

Cirrhosis of the liver, chronic interstitial hepatitis, one of the most frequent complications of chronic Bright's disease, has within the past three years come within the domain of surgery. The most modern development of the operation for cirrhosis of the liver embraces, as essential features, both the establishment of anastomosis between the omentum and the anterior abdominal wall, and the creation of widespread adhesions between the upper surface of the liver and the diaphragm. Both operations are performed with the object in view of relieving the portal circulation, and of thus removing one of the symptoms of the disease, the ascites. Edebohls believes that the future will show that, whereas the anastomosis between the vessels of the omentum and abdominal wall will relieve the ascites, the establishment of broad adhesions and extensive vascular anastomosis between the upper surface of the liver and the diaphragm will accomplish more than this. It will probably lead to an amelioration, and possibly, in some instances, to a cure, of the cirrhosis itself, by establishing an increased arterial hyperemization of the liver on the same principles which underlie the operation for the cure of chronic Bright's disease. There is no good reason, at the present day, why a sufferer from both chronic Bright's disease and cirrhosis of the liver should not have the chance of life afforded by operation for both conditions.

Chronic Bright's disease is curable by operation, and the present state of our knowledge does not warrant us in accurately defining the limits beyond which operation can no longer avail. Edebohls is prepared to operate upon any patient with chronic Bright's disease who has no incurable complication, or one absolutely forbidding the administration of anesthetic, and whose probable expectation of life, without operation, is not less than a month.—*The Therapeutic Gazette—Journal of Medicine and Science.*

MEDICAL PARIS.

BY NICHOLAS SENN, M. D.

During the period of the greatest prosperity of France, Paris was the centre of medical science of the world. The university and great hospitals were crowded with practitioners and students from the adjacent and most remote countries. It was generally conceded that medical education could not be finished without a more or less prolonged visit to the great medical institutions of Paris. Nélaton, Velpeau, Malgaigne and Dupuytren in surgery; Louis, Broussais, Trousseau and Broca in medicine, were some of the strongest attractions whose influence molded the teaching and practice of the art and science of medicine and surgery the world over. Most of the books written by these distinguished celebrities were translated into English, German and other living languages and became the recognized authorities in most of the medical schools. Medical science is deeply indebted to the French investigators who have done so much in eliminating erroneous ideas and in establishing new facts by original research and careful clinical observation. Many of the leading medical men of Paris of recent and present date occupy a well-deserved prominent and influential position as authors, teachers, scientists and clinicians. Without a Pasteur, bacteriology might have remained unborn at the present time. Charcot was a profound thinker and a brilliant clinical teacher. Péon and Ollier were recognized masters in laying the foundation of modern surgery. Since the use of the science of medicine in France it has at no time gone into decline. The good work of progress has never come to a standstill, but the influence of the French school has no longer such a firm hold on the medical profession outside of its national limits. The Vienna school, under the leadership of Hyrtl, Rokitansky, Oppolzer, Carl Braun and Billroth, has since enjoyed the greatest popularity and wielded the strongest influence in molding the medical ideas during

the middle of the last century. Since the awakening of Germany in 1871, after her victorious conquest against France, the seed of science has flourished upon her soil, and has yielded fruit which in quantity and quality has surpassed anything heretofore accomplished in the same space of time. With the political victory came a general prosperity which has become the means of erecting and maintaining scientific institutions which in efficiency surpass those of any other country. The universities of Germany, with their model laboratories and hospitals, have become the acknowledged medical centres for the entire world. The current of medical students and graduates seeking additional advantages has been recently turned away from Vienna in the direction of Germany. The immense clinical material offered by the hospitals of Paris and the unexcelled facilities for the study of pathology presented by the Allgemeines Krankenhaus and other large hospitals of Vienna are powerless in deviating the course of the present current. How long Germany can hold this supremacy is impossible to predict. It is not so difficult to predict where the next temple of medicine will be erected. In less than twenty-five years the United States will be the Mecca toward which pilgrim medical students from all climes will wend their way.

Science has been moving westward and will continue to do so in the future. The United States is in its direct pathway and will be reached in due course of time. There can be but very little doubt that when our country has fulfilled its mission the inheritance will next be appropriated by the youngest of civilized nations—Japan. The young vigorous private institutions so richly endowed by our public-spirited men of wealth will become the great centres of learning and will meet their exalted future requirements in a way that will astonish the outside world. Paris presents to-day clinical advantages of far reaching value that are not sufficiently appreciated by those

who feel the needs of postgraduate education. Undoubtedly one of the reasons for this is the preference given by our students to the German over the French language when it becomes necessary to acquire another language for the purpose of completing their medical studies. A speaking knowledge of French is practically of but little use to our practitioners, while the large percentage of German-speaking patients adds much to the desire of mastering this language. Another inducement for obtaining a practical knowledge of the German language is the richness of the German medical literature, which exceeds by far that of any other country. Any one who wants to keep pace with rapid advances of medical knowledge must be familiar with the deep researches of German scientists and the accurate observations of the German clinicians.

A Forenoon at the Hospital Tenon.—During my limited sojourn in Paris I spent one very profitable forenoon at the Hospital Tenon. This is one of the older hospitals in Paris. It is a solid stone building outside of the great business centre of the city and can accommodate 1,000 patients. On that particular day I had the pleasure of familiarizing myself somewhat with the surgical technic of one of the noted surgeons of Paris—Dr. Broca. I was particularly impressed with the simplicity of his details in rendering hands and field of operation aseptic. Hand disinfection is obtained by scrubbing with warm water and soap and by immersion for a short time in a 1:2,000 bichlorid solution. The field of operation is disinfected by the same means after the patient is fully under the influence of a general anesthetic. The dressing material consists of plain gauze and absorbent cotton sterilized by dry heat, the former kept ready for use, in tin boxes. Chloroform is the anesthetic used, dropped upon a thin gauze compress held in contact with the face. Reverdin's needle is used in suturing. Inside of the peritoneal cavity silk is used, out-

side catgut. The harmonious action between operator and assistant in suturing and ligaturing was a pleasure to observe. Dr. Broca is a very expert operator and his work is the best proof of his familiarity with the technic of the different operations and his vast experience in the operating room. He uses very few instruments and makes free use of his hands in separating and approximating wound surfaces. His movements are quick but deliberate and certain. During the forenoon he performed the following operations:

CASE I.—Appendicitis in a badly nourished boy about 14 years of age. First attack; duration nine days. Clinical symptoms were mild. There was no swelling in the ileocecal region. Abdomen was flat. An incision three inches in length over the appendix and parallel with the fibres of the external oblique muscle was made. Internal oblique and remaining layers were incised to the same extent. There were adhesions. Appendix was not enlarged, but very vascular. Subserous amputation was done. Mucosa of stump not cauterized, but was buried by two rows of Lembert sutures of fine silk. Peritoneum, internal oblique; external oblique and skin were united separately by continuous catgut sutures.

CASE II.—Boy, aged 15. Had multiple enchondroma of metacarpal bones and phalanges of left hand. The tumors varied in size from a hazelnut to a pea. Most of them were central, and near the epiphyseal lines. One operation without elastic constriction. Short incision over centre of tumor; removal of tumor by excochleation. Six tumors were removed in this manner, and all of the wounds sutured throughout.

CASE III.—Patient was a girl, aged 12. She was anemic, and the subject of tuberculosis of the lymphatic glands in the submental and left parotid region. Glands were in a state of far advanced caseation, with overlying skin discolored. They were removed by clean excision. In the parotid region a thin mantle of parotid tissue was

removed with the caseous glands within the capsule of the parotid. Before draining and suturing, the wounds were touched freely with a 10 per cent. solution of zinc chlorid.

CASE IV.—Boy 10 years of age, operated upon for hypospadias. Termination of urethra half way between glans penis and scrotum. A urethra was made by dissecting upon each side a narrow quadrangular flap, which was sutured over a catheter inserted into the bladder.

The operator was not pleased with the result of this operation, and in all probability next time will make use of the method described by Dr. Carl Beck, of New York, which has yielded such brilliant results in such cases in the hands of this and many other operators.—*American Medicine*.

Strong, hot coffee will quickly overcome uterine inertia, if drank freely.—*Summary*.

In cases of endometritis boric acid introduced through a vulcanized tube, has produced good results.—*Summary*.

CINNAMON-WATER AS AN ANTI-SEPTIC.

Oil of cinnamon in aqueous solution acts like magic as a local disinfectant. In a recent wound of any kind, after stitching or whatever may be needed, keep a compress wet with cinnamon-water constantly applied until healing is complete, which usually takes places without suppuration. It takes the place of corrosive sublimate and everything else. It is pleasant to use, cleanly, non-toxic, safe, and cheap. As a douche after parturition it is ideal, not often requiring to be used more than two or three times. I add 3 or 4 drops of the oil of cinnamon to 2 quarts of warm water, and direct it to be used as often as there is any scent to the lochia. In nasal catarrh it serves well, and, in fact, wherever a germicide and disinfectant is wanted.—*Medical World*.

SURGICAL TREATMENT OF OBSTRUCTION IN THE COMMON BILE-DUCT BY CONCRETIONS.

When once gallstones have reached the common duct their attempted dislodgement by purely medical means is with very few exceptions disappointing in the extreme and the unfortunate patients are condemned to a lingering and a painful illness, usually ending in death unless the obstruction can be removed by surgical means. During the eleven years since Courvoisier first removed a gall stone from the common duct by direct incision the progress in this branch of surgery has been great. Probably no one has contributed more to this progress than Mayo Robson, of Leeds, and his recent paper (*Lancet*, April 12, 1902) must be regarded as a specially authoritative one on this subject. He reports the results of sixty operations on the common gall-duct and in a short postscript added after his main article was written he states that he has since had eight additional cases of choleductotomy, all of which have recovered. He estimates that the common bile-duct has to be attacked in one out of every five or six cases of cholelithiasis and bases this opinion on an experience in several hundred cases. The various methods of treating stone in the common duct are reviewed briefly. In a few cases it is possible to push concretions backward into the gall bladder whence they can be extracted quite readily. Occasionally they may be pressed into the duodenum, but this is exceptional and usually inadvisable for the stone is likely to be pushed into the diverticulum of Vater so that it may be missed and the operation rendered futile. In patients too old or too ill to bear choleductotomy rapid cholecystostomy will relieve the jaundice, but Robson's experience in this treatment with the after use of solvent injections has not been favorable. Crushing concretions by pressure through the duct walls is only available for soft con-

cretions, and fragments are apt to be left to produce further trouble. Cholecystenterostomy he believes should never be performed as an operation of choice for obstruction caused by gallstones, as it leaves the cause untouched and the small opening is apt to contract and lead to speedy recurrence. If patients are too ill for choleductotomy the gallbladder may occasionally be rapidly united to the colon or to the duodenum. The operation of uniting the dilated duct to the intestines, draining of the dilated duct or the surface may be occasionally indicated for the same reasons. Reaching the common duct through the opened duodenum is an easier operation than ordinary choleductotomy, but there is much greater danger of sepsis. Any of these various procedures may be adopted in certain cases, but the ideal operation, the method of choice in all cases, is choledochotomy with removal of the stones and suture of the duct. Robson considers this the only operation that can be relied upon, and in ordinary cases when there are not many adhesions it is a comparatively simple operation which can be performed in from 30 to 40 minutes. After closure of the duct he advises drainage of the gallbladder and the use of small gauze drains until firm adhesions have occurred. Among the causes of mortality after operation he mentions hemorrhage first as most important. In all cholemic conditions the blood becomes so altered that its coagulability is seriously diminished. During the past two years Robson has used heroic doses of calcium chlorid in all cases of deeply jaundiced patients with very satisfactory results. He believes that it is important to tie all bleeding points, and not trust simply to forceps' pressure; while in nonjaundiced patients adhesions may be separated. He prefers in such cases to divide them between ligatures. Shock has the next claim to attention as a cause of mortality. The best preventive treatment is to allow as little loss of blood as possible, and to keep the patient warmly covered. He envelopes his patients

in a roughly made gown of gamgee tissue and if the patient is feeble or the operation likely to be prolonged a heated table is used. A large enema of normal saline solution before the operation with the administration of strychnin is also advocated. Expedition in operating is an important factor in ill patients with whom exposure of the viscera and prolonged manipulation is specially badly borne. Sepsis is no longer the bugbear that it used to be, thanks to the introduction of careful aseptic methods, the use of gauze to prevent soiling of the wound by infected bile and the employment of gauze drainage. In his series of sixty choledochotomies Robson's mortality has been 16.6 per cent. In the cases operated upon before 1900 the mortality was 23.8 per cent. and in the cases operated upon since June, 1900, there has been a mortality of 5.5 per cent.

Several facts seem worthy of special notice in connection with Robson's paper. The care which he advocates in the arrest of hemorrhage, the use of calcium chlorid in jaundiced patients, the employment of gauze in packing off during the operation and for drainage, the prevention of shock by maintaining the bodily temperature of the patient and by preliminary administration of stimulants are all apparently minor details, but it is the attention to all these smaller details in surgery which gives evidence of the thorough conscientious surgeon and which does so much to reduce his mortality. No surgeon should attempt the removal of gallstones unless he is prepared for any of the various operations on the biliary passages, and no operation should be concluded until it is determined that the ducts, including the hepatic and common ducts, are free from concretions, otherwise disappointment is certain to follow. There are a large number of so-called surgeons who extirpate ovarian tumors, resect the appendix and do many other more or less simple operations, including drainage of the gallbladder. It is questionable whether such half-trained surgeons should attempt any operation on

the gall passages, for these operations are not emergencies and for the safety of the patient might far better be turned over to men who by special experience and training are fitted to do them best. Robson's results show the advantages of a large experience in a small field of operation. His mortality of 23.8 per cent. in the cases operated upon before 1900 is in striking contrast to 7.1 per cent. mortality in cases operated upon since 1900, and 5.5 per cent. mortality in cases operated upon since June, 1900. Comparing results with those reported by Kehr in his recent book on gallstone disease, we find that Kehr has had 62 choleductotomies with six deaths, a mortality of 10.2 per cent. Mayo, of Rochester, Minn., reported eight consecutive cases operated upon during 1899 and 1900 without a single death. Such results as these are not accidental, but come from long experience and thorough training in abdominal operations, and emphasize better than any argument could possibly do the importance of such special training for those who desire to obtain the best results in any line of surgical work.—*American Medicine*.

MULFORD & CO.'S NEW PHARMACEUTICAL LABORATORIES.

The attention of the readers of this journal is directed to the catalogue recently issued by the H. K. Mulford Company.

The catalogue is completely classified and contains a full and complete table of contents and therapeutic index. Every physician should have a copy of this new list, as he will find it a ready and valuable book of reference.

For the more general introduction of the metric system, metric dosage of fluid extracts is included. This no doubt will be followed out more largely in future lists.

Much space has been allowed in the new catalogue to special products and valuable information is furnished as to therapeutic action, dosage, etc.

Of special value and importance to the

medical profession are the departments devoted to antitoxins and vaccines, describing fully the method of preparing the various biological products, in the preparation of which the Mulford Company have taken a most active part. To enhance and beautify the appearance of the catalogue, and to bring more vividly before its patrons the unsurpassed facilities which the H. K. Mulford Company enjoy for the scientific preparation of these products, half-tone reproductions appear to illustrate the subject. The reproductions of the firm's new laboratories at Glenolden are convincing proofs of the

overlooked in the work of improvement. A handsome new eight-story building with two basements has been erected, adjoining their old pharmaceutical laboratories, and all the buildings have been equipped with the latest electrical devices, thus reducing the cost of manufacture to a minimum. In short, their entire mechanical equipment has been completely reconstructed, and brought up to the highest state of efficiency attainable. Economy has not been observed where improvements could be made.

While the growth of this firm is very unusual, yet it is not remarkable, because it is



sole purpose and desire of the firm to keep step with scientific advancement. In these new laboratories, entirely separate and removed from each other, and from the general pharmaceutical laboratories, all the antitoxin, vaccine, and various biological work is carried on. The very complete and thorough equipment, and the fact that each department is under the direction of scientific men, with world-wide reputations, is another sure evidence of the firm being in fullest accord with the latest scientific advancement.

The pharmaceutical laboratories of the firm, in Philadelphia, have by no means been

only the natural result and reward of the energy and honest effort put forth. The firm has only one aim, viz.: to bring before the medical and pharmaceutical professions the direct results of the latest scientific research work in the lines of bacteriology, pharmacology and physiological chemistry.

Of much importance to the medical profession are some of the newer products of the firm, which are fully described in the catalogue, of which Somnos and Protan are being most favorably received.

Somnos is a definite synthetic product formed by the synthesis of chloraethanal alcoholate with a polyatomic alcohol radical.

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The firm of H. K. Mulford Company is to be congratulated upon the successful development of its business and the rapid strides it is making in advancing scientific work.

ITEMS.

Seraphine Pratt Matherson, M. D., a graduate of one of the early classes of the Eclectic Medical College of the City of New York, died July 22d, at her home in Brooklyn.

D. N. Brown, M. D., president of the King's County Eclectic Medical Society, died August 2d, suddenly of heart disease.

Mrs. J. H. Yarnall died July 26th.

Never too late to subscribe for the REVIEW.

Dr. M. B. Pearlstein has opened finely equipped offices at 309 Hewes Street, Brooklyn, N. Y.

Dr. B. Brown, of Putnam, expects to locate in New York or its suburbs in the near future.

Dr. H. Harris, valedictorian of the class of '02, passed with honor the State Licensing Examination.

We understand that the members of the King's County Eclectic Medical Society expect to *get together* this winter and have some rousing meetings.

If you have not received a catalogue of the Eclectic Medical College of the City of York, write the clerk, 239 East 14th Street, and one will be forwarded.

At a special meeting of the Village Board of Crawford, Neb., the office of Village Physician was created and Dr. A. M. Cross was unanimously chosen as that officer.

The meetings of the Eclectic Medical Society of the City and County of New York will be resumed the third Thursday in September. President Herzog has arranged a fine program and the meetings are sure to be interesting and instructive.

BOOK REVIEWS.

An X-ray and Dissection of the Ureter and Utero-ovarian Artery. By Byron Robinson, B. S., M. D. Chicago, Ill.

I want to call the attention of the readers of the REVIEW to the magnificent illustration of the utero-ovarian vascular circles. A chart prepared by Dr. Robinson. Write him, mentioning the REVIEW, and receive a copy.

The Pilgrim and Stringtown Country.

In the July issue of the *Pilgrim*, published at Battle Creek, Mich., will be found an illustrated article by Mr. Langdon Knight on Mr. Lloyd's home country, known now as the Stringtown country. It is a most interesting article, and gives the reader much information concerning the Stringtown novels and the people thereabouts. A copy of the July issue of the *Pilgrim* will be mailed for ten cents, or a year's subscription beginning with this number for a dollar.

INDIGESTION, ACID FERMENTATION



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SESSION OF 1902 AND 1903.

The prospects for a good class were never better. Applications have been many, and the Alumni seem more than ever to appreciate the fact that the college existence and continuance is in their hands. The Board of Trustees have given us a Faculty of thorough and energetic teachers, imbued with the principles of liberal medicine, and a large majority of them are in active practice, watching daily in their work the application of medicines to the diseased condition, constantly noting the application of new remedies, and finding new indications and uses for the old ones. The Eclectic practitioner is always a close observer. His training in therapeutics makes him carefully note every little detail, and this close observation at the bedside of each individual case has done much to improve the practice of medicine. The present class will have the advantage of the clinics furnished by the Beachonian Dispensary which, in addition to the one located in the college building, will furnish ample cases.

DAVID NORTON BROWN, M. D.

Dr. D. N. Brown, whose death we recorded in the August number of the REVIEW, graduated from the Eclectic Medical College of the City of New York in 1880. He started in practice in Brooklyn, where he continued until his death. He was active in the society work of our school, was one of the organizers of the Kings County Eclectic Medical Society, and was its presiding officer at the time of his death.

M. L. HOLBROOK, M. D.

Dr. M. L. Holbrook, the associate editor of "Health," died August 11, after an illness of eight weeks.

Dr. Holbrook was one of the world's great teachers of Hygiene, having writ-

ten many popular treatises on the subject. For many years he was professor of Hygiene in the Women's Homeopathic Medical College, in New York City. Dr. Holbrook was instrumental in the establishment of the first turkish bath in New York City.

"TUBAL PREGNANCY."

BY DARIUS L. POWE, M. D.

* Read at the meeting of the Massachusetts Eclectic Medical Society, June 5, 1902.

Ectopic gestation, on account of its infrequency, is a subject which, from personal experience, a very small percentage of physicians are in a position to more than theoretically discuss.

I can assure you that it is not the intention of the writer to even attempt to explain why the designs of nature are so ridiculously defeated as to the result in such anomalous perversions.

The records of cases at our command, previous to the last two or three decades, are almost silent in regard to the condition of the prospective mother during the early months of extra-uterine pregnancy. From these facts it is evident that a correct diagnosis was then the exception. The actual precarious predicament of the woman was not usually recognized until the remains of a dead foetus, by a process of ulceration, was expelled through an unnatural course, or a viable child was unexpectedly removed from its mother's abdomen during a laparotomy. The majority of cases prove fatal to both mother and child. The possibility of diagnosing tubal pregnancy before rupture occurs is a question of increasing interest. Could its existence be positively ascertained, we might then hope to prevent a fatal issue. Unfortunately, it must be admitted that the usual symptomatic disturbances of normal pregnancy exist.

Even to-day, in this enlightened age of boastful progressive medical knowledge, very few physicians would care to stake their reputation, as diagnosticians, on their ability to make a correct diagnosis at any stage during the period of ectopic gestation.

In "Playfair's Midwifery" we find the following: "A curious example of the difficulties of diagnosis is recorded by Julien in which Huguier and six or seven of the most skilled obstetricians of Paris agreed on the existence of extra-uterine pregnancy and had, in consultation, sauced an operation, when the case terminated by abortion and proved to be a natural pregnancy."

The surgeon who, when in doubt, unhesitatingly opens the abdomen for the purpose of establishing a certainty may err, but, if so, he errs on the safe side and is undoubtedly to be praised as the possible saver of life in these critical cases.

The first case which came under my observation occurred in the Town of Falmouth, Mass., in 1887. The patient was a young married woman, pregnant for the first time. We were so informed by the attending physician, under whose care she had been for several weeks. When a fatal termination was anticipated, we, with other physicians, were allowed the privilege of seeing the case. At the post mortem, a partially decomposed three months embryo was found embedded in a sanguinous mass of debris. The left fallopian tube had ruptured, resulting in death from septic peritonitis.

In February, 1898, a lady, 32 years old, mother of two children, consulted us on account of a peculiar spasmodic pain in the lower part of the abdomen—more severe on the left side—which was gradually increasing in intensity. Menstruation had been regular but for the previous two months very scant. No other symptoms of pregnancy appeared to be manifest. An examination revealed the pres-

ence of a tumor sufficiently large to crowd the womb to the right and very much out of its natural place. The nature of the tumor, beyond a mere suspicion, I was unable to determine. Consultation with other physicians still left the case doubtful. An operation for the removal of the offending body was advised as the only possible means of effecting a recovery. A few days later I was suddenly called to attend the lady. On my arrival at her residence, I found her lying on a lounge apparently suffering violent pain, and in a complete collapse. I was immediately convinced, from the apparent critical condition of the patient, that the inevitable in all such cases—where gestation is allowed to continue—had certainly occurred. Hypodermic injections of morphine relieved the pain, and from the effects of restoratives, she slowly rallied. The next morning she was taken to a private institution and an operation was performed. A firm blood clot had prevented possibly a fatal hemorrhage. The left fallopian tube had ruptured through which a foetus had escaped into the abdominal cavity. The operation was eminently successful, simply because the lady lived and made a complete recovery, minus one tube and ovary.

In November, 1901, I was consulted by a young lady, 22 years old, who had recently entered the realm of matrimony on account of morning sickness. The ordinary symptoms accompanying pregnancy were so prominent that she considered herself fully competent to diagnose her own case. Nevertheless, the fact was ascertained that on several occasions, during the previous two weeks, she had experienced an unusual peculiar crampy and painful sensation over the region of the left ovary. The paroxysm occurred and was more severe during the act of vomiting. For this reason, especially, an examination was made. The uterus, so far as I could ascertain was normal in

regard to condition and position. In the left fallopian tube could be distinctly outlined a smooth oval body not larger than a common hen's egg. While endeavoring to determine, if possible, what I had discovered, the lady suddenly screamed from the effects of a severe spasmodic pain, presumably caused just at that particular time, from the effects of manipulation on the newly found tumor. In endeavoring to support the tumor and prevent a possible immediate rupture of the tube, pressure was firmly made around the tumor and in the direction of the uterus. The tumor, under the pressure described, slowly collapsed, and, in our opinion, the membranes enveloping an embryo in the fallopian tube had ruptured, expelling a part of its contents into the cavity of the uterus. A slight bloody discharge at once escaped from the os uteri, which continued, more or less, for two weeks. During this time the same procedure, in regard to manual pressure, was continued for a few minutes daily, with the object of completely evacuating the tube, which I am pleased to state was very satisfactorily accomplished. A few shreds of membrane occasionally escaped with the discharge. The tube remains, so far, slightly above the normal size. From close observation I cannot detect it to be the source of any physical or mental disturbance. The lady at present is enjoying her usual good health.

Providence, Rhode Island.

SPERMATORRHŒA.

BY H. SCAISON, M. D.

Read before the Specific Medication Club of the City of New York.

Spermatorrhœa is classed by some authors as a mere symptom of nervous exhaustion in its various forms; they find in the term neurasthenia a haven into which many creep.

It is looked upon by a vast minority as a disease per se. Representing one of the latter class, it is my object to-night to bring

before you this paper, giving its etiology, symptoms and treatment, and leaving it to this learned assemblage to criticise as they may think best.

True enough, spermatorrhœa may accompany neurasthenia, as well as other debilitating diseases; it may even be the antecedent of neurasthenia.

Spermatorrhœa is a functional, nervous disease of the male genital organ. The semen is emitted involuntarily, oozing out through the meatus drop by drop, without erection of the penis or any particular feeling of pleasure, the flow becoming copious only after defecation, or at the close of micturition.

Occasionally, at night, it will escape in the form of a copious discharge, accompanied by lascivious dreams and erection. It occurs in jerks, with spasm-like contractions of the bulbo cavernosa.

The various and multitudinous conditions that accompany spermatorrhœa are the result of reflex irritations that take place through motor and sensory nerves, as well as the sympathetic nervous system.

The brain and the digestive system are the principal sufferers. It is an active factor in the development of mental and physical derangements.

Seminal emissions, when they occur not too frequently, and do not affect the general health, are regarded by some as a natural consequence of manhood.

Sexual excesses and masturbation are the most frequent causes of the disease. The frequent and prolonged erections, cause a swelling of the crista urethra, which, in turn, will bring about a catarrhal condition of the caput gallinaginis, and by reflex action, spermatorrhœa will be the result.

Disease of the testicles and penis, as gonorrhœal inflammation, and its sequelae.

Congenital and acquired malformations.

Disease of the rectum, and the addiction to alcohol and tobacco and drugs will bring about spermatorrhœa.

The patient suffering from spermator-

rhœa generally carries, as they say, "his sign." His face is a never failing tell tale. He presents a muddy, pimpled complexion, pale, expressionless face, sunken, shifting eyes surrounded by black circles, timid, cowardly manners, easily startled, forgetful, unable to concentrate thoughts, and efforts to do so causing headache and vertigo, has always feelings of depression, pain in the back, etc.

The penis is smaller and thinner than usual. It is cold to the touch. The glans is inproportionately large. Scrotum is relaxed and elongated, testicles small and soft. Itching and tingling sensation at or about an inch from the meatus. The vesiculæ seminales and ejaculatory ducts are dilated, unable to keep back the semen. The prostate is enlarged and tender. The introduction of a sound causes pain. The patient will micturate very frequently, and the act is accompanied with a sense of discomfort, due to the passage of the urine over the sensitive mucous membrane.

The digestive apparatus suffers with the rest of the body.

Constipation is present, due to lack of elasticity of the muscular coat of the intestines, and there are eructations of gases and heartburn. A feeling of fulness around the gastric region after eating and all other symptoms accompanying nervous indigestion.

Impotence most always accompanies spermatorrhœa. The constant dread and fear of the patient, who thinks he is incurable, when he sees that even under treatment it takes some time before he can notice any change for the better, will cause certain diseases both of mind and of body.

The diagnosis is unmistakable. Prostatorrhœa will present similar symptoms, but the presence of spermatozoa in the discharge and in the urine makes diagnosis positive. Microscopic examination will settle the question.

The prognosis depends chiefly upon how

far the condition is dependent upon constitutional feebleness. The more severe the symptoms and the more slow the development, the greater the length of time required for its relief. It is a severe but not incurable debility of the parts.

TREATMENT.

As for treatment, I will say that there is no specific for spermatorrhœa. Each case will present symptoms entirely different.

The treatment is of a threefold character—constitutional, local, and operative.

In milder cases the bracing and encouraging words of the physician will do more good than all the medicines. When the patient is hypochondriacal, a vigorous treatment should be instituted. The patient is particularly cautioned against sexual excitement. When the patient shows marked evidence of depraved nutrition, constitutional treatment is as much of a necessity as local treatment. Agents which regulate the excretory organs and tone the system are of much value, yet, nutritious food, if judiciously and carefully selected, will take the place of these remedial agents.

The aim of the physician should be to build up the patient, irrespective of every other object.

Nutritious and easily assimilated food should be given the patient in small quantities and frequently, so as not to overtax the digestive force of the patient.

Large quantities of milk, broths, oysters, oatmeal, raw beef, etc., are suitable articles to constitute the diet of a person afflicted with this difficulty. Tea and coffee or intoxicating liquors are to be forbidden. Fat meats, also spiced meats, are to be dispensed with. Fruit is to be cooked and the bread eaten is to be, at least, one day old. The heartiest meal is to be taken in the middle of the day.

The secretions of the body are to be looked after. The secretions of the intestinal glands and the peristaltic motion of the bowels will be diminished. Here mild, sa-

line laxatives will produce healthy and regular evacuations.

Alteratives and tonics are indispensable.

The same remedy is not to be continued for any great length of time, as it loses its effect, and it is well, therefore, to change from one preparation to another as soon as improvement ceases. One of the best preparations in my hands is the Comp. Syr. of Hypophosphates.

If insomnia is present, the Fl. Ext. of *Lupulus* and *Scutellaria* in small doses is very efficacious. Hyosyamine Sulph. is almost a direct sedative to the generative organs, and is often successfully used.

To prevent the occurrence of frequent and prolonged erections, sedatives are indicated.

The old standby among the sedatives, "the Bromids," you will find will do more harm than good. Here *pulsatilla* and hops should be given. Monobromate of camphor in 5 gr. doses may be given 3 times a day.

General hygienic directions are to be given. Cold sponge baths over the perineum and lower extremities, night and morning, are serviceable. Cold shower baths of a few minutes duration and subsequent rubbing with a rough towel.

Active exercise at intervals during the day should be taken. Bicycling, or horseback riding, or any exercise which would cause a titillation of the genitals are to be avoided.

Boxing, dumb bells, and Indian clubs are excellent for indoor exercises. Outdoor exercise is not to be omitted. Walking, running and rowing give splendid results.

The patient should sleep upon a hard mattress, the covering light and the temperature of the bedroom moderately cool. Sleeping in the dorsal position is to be prohibited.

Locally, electricity is the most useful agent.

The urethral electrode, warmed and oiled,

is introduced into the urethra to the neck of the bladder, while the moistened sponge is held over the junction of the dorsal and lumbar vertebra, and moved up and down over the vertebral column as far as the tip of the coccyx. Care must be taken not to produce too great a sedative action, therefore five minutes is enough for one sitting.

The urethral electrode may be alternated by the electric brush, which is applied to the lower extremities, principally the thighs.

Cauterization, practised by many prominent men has proved useless in my hands.

Astringent and anodine injections will diminish and allay the irritability existing at the orifice of the seminal ducts.

I have obtained very good results from an injection of a solution of Sod. Bromide 1:25.

Finally, the surgical treatment consists of removing of irritations, if phynosis is present. Circumcise. If strictures are the cause remove them by the use of sounds or operation.

New York City.

THE APPLICATION OF ELECTRIC CURRENTS IN MEDICINE, WITH REPORT OF CASES.

BY WM. L. HEEVE, M. D.

The patient presenting himself for the first electrical treatment, especially in this age, is generally in a state of trepidation. Impostors have made it a jest with the average layman and even some physicians say there is naught in electricity. Nevertheless, there has never been the slightest injury inflicted upon the patient, and never will be, in using electricity as a therapeutic agent, as the amperage or volume is always low when applied to diseased conditions.

Electricity in the hands of a physician thoroughly posted in its laws and experienced in the method of its use, is capable of being a most valuable adjunct to

our present day scientific treatment of disease, and no physician is "up to date" unless he has a fair knowledge of its properties. The many advances made in the field of electrical science have greatly enhanced the mode of application of this great form of energy, as applied for therapeutic purposes.

If, but the good old Greek philosopher Thales, who, 600 B. C., discovered that when amber was rubbed it possessed the power of attracting and repelling bodies, could be with us again to-day and witness the wonderful progress of this form of energy, his eyes would sparkle with delight.

The great interest which was taken by Louis XV., when in his presence Nollet administered an electric shock to an entire regiment of fifteen hundred men, gives evidence that the scientists in those days were striving to perfect this wonderful form of energy.

Electricity surrounds us, it is a component part of our body and it is essential for our everyday existence.

That wonderful luminous phenomenon the "Aurora Borealis," is another form of nature's electrical action.

The complete identity of lightning and electricity was established by Franklin in 1752, in his experiments with his kite.

The experiments of Galvani, Volta, Fabroni and many other noted scientists did much to advance the therapy of this great form of energy, that to-day we are applying in a more rational light.

Ever since the experiments with the *voltic pile*, the advancements made in the *galvanic* form of electricity have been many, and at the present day much light has been thrown upon its chemical, electrolytic and therapeutic actions.

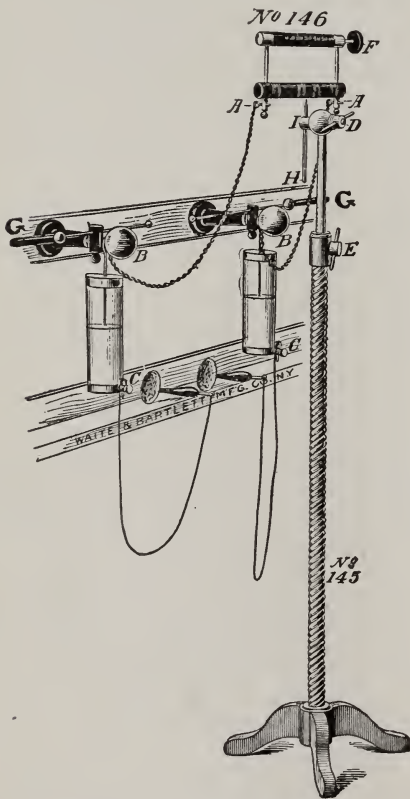
The action of electricity varies: it is tonic and it is depressing, it is stimulant and it is sedative, it promotes circulation and metabolism and retards the same, ac-

cording to the form of this energy used and its mode of application. There are now three forms of electricity used in medicine: (1) *Static*. This form of electricity is old, but its newer modifications have greatly enhanced its effectiveness. Owing to its enormous electro-motor force and its power of condensation and accumulation, it possesses great diffusiveness, thereby affecting the entire system. It is due to this enormous E. M. F. and its low amperage that it is capable of producing such wonderful beneficial effects in diseased conditions, such as lumbago, rheumatism, sciatica, neuritis, neuralgia, locomotor ataxia, nervous exhaustion, neurasthenia, etc. The pleasant feature of this form of electricity is, that it can be given through the clothing, no exposure of the body being required. With it we act upon the nerve centres; it soothes and tranquilizes the most nervous organism. With the brush discharge the static is capable of curing many obstinate diseases of the skin; eczema, acne, scrofuladerma, syphiloderma, ulcers, etc., and it acts charmingly in the localized eczematous conditions due to varicose veins, giving its tonic and alterative effect to the part.

The "wave current" is another method of giving static electricity capable of producing beneficial results in the troublesome diseases of the nervous system, especially locomotor ataxia. In these conditions we give the entire output of the machine directly to our patient and one can imagine how beneficial this must be to those "broken-down" neurotic systems.

In using the static roller electrode, we are in a position to give massage and electricity at one sitting, and with this combined treatment, old chronic rheumatism "conditions," enfeebled circulation, inflammatory deposits and muscular soreness are completely eradicated. The

static is also an excellent excitor of the Crooke's tube, generating a steady, powerful X-ray. It is a generator of ozone, which is so highly extolled in the treatment of diseases of the lungs, bronchitis, etc. With the induced current from the Leyden jars, we are enabled to produce beneficial results, and in some cases cure, in those stubborn cases of neuritis which are our most troublesome patients. The induced current is a powerful pain reliever, therefore of service in neuralgias.



INDUCED CURRENT DEVICE.

Metal sheet, (3) Resonator, according to the mode of treatment proposed. Currents of high frequency produce induction phenomena of a very intense kind; they move on open as well as closed circuits; they produce remarkable resonance effects. The results obtained from this form of current are certainly worthy of our careful consideration. It has proved beneficial and curative in stubborn cases of neuralgias, insomnia, eczemas, sciatica, rheumatism, chorea and in the early stages of tuberculosis.

(1) The alternating current "Solenoid" produces a tonic effect and is beneficial in neurotic "conditions," sprains, lumbago and rheumatism. It consists of copper wire windings in "barrel-shape" form, bringing the terminals to the centre and attaching them to an ordinary electric light—A. C.—plug. The solenoid is placed around the body or part to be treated, as the case may be, and the patient receives an induced current of high frequency.

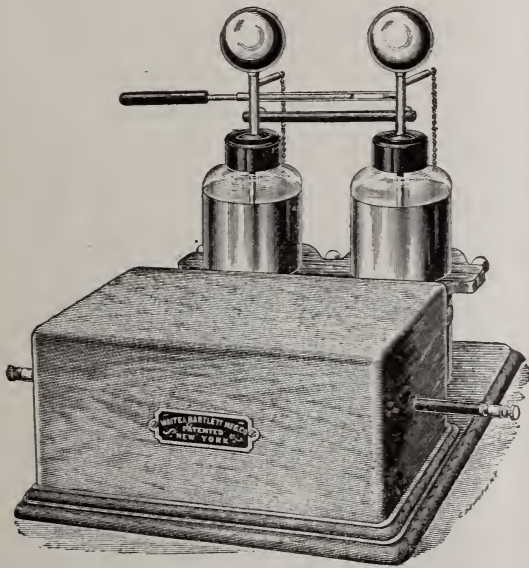
Another form of high-frequency apparatus, called "Hyperstatic Transformer," may be excited by a static coil, or other source providing the charge has sufficient potential. It consists of a primary coil of coarse wire connected with the outer coatings of the large Leyden jars, and a secondary winding of fine wire being connected to terminals on the outside of case for conducting cords. The current is regulated by a spark-gap enclosed in a muffler. The treatment with this apparatus has been very successful in skin diseases.

The high-frequency currents have been in great demand in France and Germany, where they take the place of our static machine.

(2) *Galvanism*, or constant currents; this form of electricity is due to chemical decomposition, and it is generated directly from a galvanic battery. Endowed as

Under this heading I will include the high-frequency currents. The high-frequency rate of interruptions of these currents is a radical change from ordinary interrupted currents and may be produced from the Leyden jars. The outer coatings of the jars are connected either to a (1) Solenoid of copper wire, (2)

it is with chemical decomposing properties and high amperage, its sphere of action is wide; destroying cysts, moles, tumors, birth marks, superfluous hair; curing goitre, glandular swellings, piles, hemorrhages—uterine, nasal, rectal, etc.—strictures, etc. This form of electricity has been a most potent factor in the treatment of diseases of the female organs of reproduction. Its power of absorption of inflammatory exudates, and the powerful contractile and relaxing properties it possesses, places electricity at the head of the list in the treatment of these most prevalent ailments of the female. With this



HYPERSTATIC TRANSFORMER.

form of electrical energy we are enabled to deposit antiseptic metallic compounds upon diseased membranes of the vagina, uterus, rectum, urethra and the skin,—by the method known as metallic electrolysis—which greatly enhances the therapeutics of electricity. The treatment of tumors of the uterus—fibroids and inoperable cancers—by metallic electrolysis is gradually coming to the front. A copper, zinc, silver or a mercury-coated gold electrode placed into the uterus and con-

nected with the positive pole, and the indifferent contact should cover the abdomen and sacro-lumbar region, connection being made by a bifurcated cord to the negative terminal. The current being turned on slowly until 120 or 150 M. A. are reached, or as much as the patient will tolerate. The treatment should be given twice weekly. In *endometritis*—corporeal and cervical—metallic electrolysis is the best form of treatment; the discharge ceases and the offensive odor is immediately destroyed. In this disease the current strength need not exceed 60 M. A. and the duration 8 to 10 minutes. The *ions* which collect around the positive pole, instead of attacking the tissues, combine with the metal, forming new compounds, and it is these new compounds which destroy the tissue. It is sometimes difficult to remove the electrode after giving metallic electrolysis, but it may easily be removed by reversing the current a few seconds, allowing the *cations* to collect around it and loosen it.

If surgeons would give this treatment a few trials they would seldom use the sharp curette in this condition.

(3) *Faradism*, or electro-magnetism. In this form no attempt is made to use the current of the battery for therapeutic purposes; it is merely made use of to create magnetic lines of force in the magnet and transmitting its influence by induction upon the coil. The E. M. F. depends upon the kind of battery exciting the magnetic field and the amount of current depends upon the resistance offered in the circuit. Owing to the high tension of this form and its interrupted current, we are enabled to excite a muscle efficiently, permitting the alternate contraction and expansion of inactive muscles, increasing their blood supply and nutrition. In using this form of electricity the physician should select a battery in which

the secondary winding consists of about 1,500 yards of No. 36 wire and about 750 yards of No. 32 wire and 200 yards of No. 21. These windings should be connected in series of 500 yards of 36 and 250 yards of 32, and capable of being tapped in such a manner that they can—by means of a compound switch on the end of the secondary coil—be used singly or in various combinations. With such a coil we can easily obtain the result we wish; (1) muscle contraction, (2) stimulant or "revulsive" effects, (3) sedative effects. A point we must not neglect is always to use a sponge or felt electrode of considerable surface—low surface resistance—and the number of interruptions must be even and steady.

Electricity cannot be "merely turning on the switch;" in the hands of a careless operator it had better be dispensed with, and less failures will be recorded.

The following are a few selected cases worthy of reporting:

1. Mr. W. A. B., age 18, family history of rheumatism. He was suffering with lumbago of a chronic form about four years. Gave him fifteen applications of static electricity, indirect spark, producing a rapid cure.

2. Mrs. G. W. K., age 32, widow, suffering with periodical headaches ever since menstruation began (age 16 years), forcing her to resort to morphine at times. Positive spray current gave a complete cure within two months. No return of symptoms.

3. Geo. M. McC., age 59, history of rheumatism from exposure during the civil war. Unable to walk without crutches. Gave him static current varied as occasion required, eight weeks, three sittings weekly. He is now employed as watchman, walking without crutches or cane.

4. Mr. T. McG., age 49, suffering from general neuritis of ten years' dura-

tion, due to an injury of the spine. This is an incurable case, but the benefit he has received from the *positive* sprays and *induced* currents are most praiseworthy; it was beyond my expectations.

5. Nellie N., age 12, has St. Vitus's dance of six months' standing; brush discharge and spray currents produced a cure.

6. Mrs. G., age 51, widow, suffering with uterine hemorrhages, due to menopause. All remedial methods failed, curetage also failed. Gave her four applications of galvanic current with a complete cure. The indifferent sponge electrode (N.) was well soaped and covered the entire sacro-lumbar region (6"x10") The cure in this case is worthy of the highest praise.

7. Mrs. B. MCP., age 29, widow, suffering with painful menstruation about nine years, due to constricted opening (stricture os uteri). The excruciating pains forced her to retire from social life about ten days at each menstruation. Six applications of galvanic current, 20 M. A.; no further trouble was experienced and now her menstruation occurs without pain or ache.

8. Mrs. M., age 34, widow, has had a most troublesome leucorrhœa of several years' standing, due to subinvolution and endometritis. Complaining of painful menstruation with itching and burning of the parts; dragging pains, backache and frontal headache. The treatment was zinc electrolysis—30-40 M. A.—also vaginal hydro-electric applications with tonic medication. A complete cure resulted after three months of the above treatment.

9. Miss Adele M., age 31, suffering with severe pains in the region of the left ovary, compelling her to give up work and confining her to her bed several days each week. Upon examination an enlarged ovary was found, sensitive to ma-

nipulation and somewhat prolapsed. Was told that an operation was her only relief after consulting a prominent surgeon. Twenty treatments of high-tension (1,500 yards No. 36) induced current, alternating with galvanic, P. clay cotton-wrapped electrode against the ovary and the indifferent upon the abdomen (20-30 M.A.), produced a cure. The ovary is reduced to its normal size and patient is now in perfect health and resuming her former occupation.

The above cases are only a few, but they prove the grand virtues which lie in electro-therapy when properly applied with scientific judgment. A great many physicians fail to recognize the curative virtues which lie in this form of energy; they have tried it unscientifically and had failures.

With the proper pole and proper current generated by scientific, improved and latest machines, in the hands of a physician who is thoroughly conversant with its mode of application, it is a long-felt want, capable of producing most wonderful effects.

302 Sumner avenue, Brooklyn.

POTASSIUM BI-CHROMATE.

BY F. E. HILL, M. D.

Read before the Specific Medication Club of the City of New York, Feb., '97.

Potassi. Bi-chrom. is known to most Eclectic physicians to be one of the most important of the various valuable salts of Potassium.

The salt is an anhydrous, prismatic crystal of an orange-red color, having a cooling, bitter taste, insoluble in alcohol, and soluble in ten parts of cold water and much less in boiling water.

Potassium Bi-chromate possesses the properties of an antiseptic, an alterative, a sedative, a diuretic, is an unexcelled expectorant, and when brought in contact with the skin, an irritant and caustic, producing painful sores.

The therapeutic action and uses of this

remedy in minute doses frequently given has been known to Eclectics many years. It has a direct affinity for the mucous membranes of the respiratory passages, and also of the stomach and intestines.

The direct and most important indications for the use of the drug is acute bronchial cough with dyspnea.

The specific indications for Potassi Bi-chromate are: When there is a soreness with hoarseness and irritation of the mucous membranes of the throat and false or diphtheretic exudation in patches on the mucous membranes of the throat.

Bi-chromate of Potassium occupies a place in my medicine case, and as a remedy I prize it very highly in the treatment of certain bronchial and throat diseases.

Therapeutically I have found in my experience that it exerts a specific influence upon the mucous membranes, when the irritation is confined to the throat, or bronchi, and especially when there is an exudation of false or true diphtheretic membranes in patches upon its surface as in diphtheria or pseudo-membranous croup.

In diphtheria when there is an exudation in patches and the cough and hoarseness, shows involvement of the larynx, this remedy, when combined with Aconite and sometimes with Lobelia, is much the superior to Phytolacca Dec. It is employed with great success in croup, or pseudo-membranous croup, alternately with Aconite internally, and Stillingia liniment applied externally.

It has also given excellent results in the soreness or hoarseness of public speakers, and especially in laryngeal troubles, where the irritation is confined to the nerves supplying the larynx, but when the disease is confined to the mucous membranes even to a degree of ulceration of the structures beneath it, it seldom disappoints us. It does not have the affinity for the smaller tubes of the bronchi as some other of our important remedies, consequently it is of little use in the treatment of capillary bronchitis. In

gastric catarrh when there is a yellow coating of the tongue, also in chronic dysentery where structural change has taken place in the lower bowels, it acts much like Arsenicum.

Its solutions possess very powerful antiseptic properties, and will be found advantageous in cases of gangrene, dry mortification, an application to warts, excrescences, tuberculous elevations, and to promote the healing of ulcers.

The dose for ordinary use is $\frac{1}{2}$ gr. to 2 grs., water 4 ozs. Sig. Teaspoonful every two hours.

Bainbridge, N. Y.

HEADACHE.

By H. J. TUPENING, M. D.

This distressing affection is so common, and the usual treatment so unsatisfactory, that we are forced to the conclusion that the study of headache has been neglected, or that it is a difficult affection to cure. We all know how painful this affection is; for who of us has not had, at some time, a headache? But what about the large number of people who live in constant fear of it? These people suffer more than many sick with dangerous diseases, and yet we do little or nothing for them. Having given this subject more than passing thought, and having been able to relieve a good many and cure a few cases, I submit this article, hoping that it may be the means of helping some poor sufferer.

It is well to remember that there are a dozen different kinds of headache and each has a different cause. The ordinary sick headache is nearly always due to gastric and hepatic derangement, and treatment directed to those parts and persisted in for from two to six months will cure or relieve nearly all our cases. In these cases I have had good success with the following:

R

Specific Iris, \mathfrak{z} ii.

Specific Chionanthus, \mathfrak{z} ii.

Syr. Simplex, \mathfrak{z} iv.

Sig.: 15, four times daily.

Where the tongue is heavily coated and there is evidence of fermentation I add to the above creosote, drops ten, and have the patients take one dram of Hydrozone in half a glass of water the first thing in the morning. It is best taken in bed, then lie on the left side for ten minutes.

There is a form of headache that comes from spinal irritation or congestion and is characterized by dull pains in the occiput and neck: this plan, in more or less degree, is constantly present. These patients have cold hands and feet; there will be tenderness over some part of the spinal column, a soft and inelastic skin. They lack ambition and it is an effort to concentrate the mind. This form of headache is on the increase and is usually the result of mental or physical exhaustion. I have derived great benefit from counter-irritation and from Sticta and Belladonna. I pencil the back of the neck once or twice a week with a nitrate of silver pencil and give the patients the following:

R

Specific Sticta, gtts. xxx.

Specific Belladonna, xx to xxx.

Syr. Simplex, \mathfrak{z} iv.

Sig.: 15 every two to three hours.

In a few cases the belladonna will cause unpleasant symptoms; here substitute Ergot for it. In nervous prostration we usually have the above symptoms and in addition a feeling of weight or pressure at the vertex. In these cases we add to the above Sp. Avena one dram; in severe cases we also give the triple Bromides or Valerianates.

Passive cerebral congestion is caused by a wrong of the venous circulation and

is characterized by a dull, heavy pain, cold forehead and dilated pupils. This form is relieved by atropine Sulp. 1-250 gr. every two hours until the throat is dry, then four times a day for a month or two. In some cases we get better results from Hyoscyamine 1-250 gr. repeated every hour.

Active cerebral congestion is the opposite of the above; here we have sharp, acute pain, throbbing of the arteries, flushed face, hot skin and contracted pupils. This form is caused by a wrong of the arterial circulation and is relieved by Specific Gelsemium and by Nitroglycerin in full doses. These relieve by reducing the arterial tension. In two severe cases of this form of headache where apoplexy was threatened I controlled the headache and circulation by cold water applied the whole length of the spine.

Fulton, N. Y.

THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

NEED OF CONSTANT STUDY.

It is meet and proper that we should congratulate each other on the progress which has been made in therapeutics by the Eclectic school of medicine, but while so doing we should never forget that this great advance, wonderful as it is, has barely carried us beyond the primary stage of therapeutic knowledge. An immense amount of investigation has yet to be made before anything approaching a scientific and positive practice of medicine can be established. When we call to mind the many abnormal conditions, and combinations of abnormal conditions, in

which we are utterly powerless, this fact must be apparent to every thoughtful physician.

It is more than probable that there are many—very many—valuable indications for remedies which we use daily of which we know nothing. It is also probable that nature has provided curative means by which the diseases now thought to be incurable could be removed from the causes of untimely deaths. The discovery of these means is included in the work to which we, as physicians, have been assigned, and suffering humanity is appealingly looking to us with the hope that we may accomplish the task promptly and well.

It is true that much good work has been done, and that we are now, as a result of this improved knowledge, enabled to cure diseases which a comparatively few years ago were invariably fatal. In many others wrongs of life, however, is not our impotence glaringly apparent? Is our art capable of mastering that hydra-headed life-destroyer known as consumption? Is there within our fold a man who can honestly say that he can cure rheumatism? If so, let him make his treatment known. Cholera infantum continues to demand its hundreds and thousands of beautiful little children every summer, and loving mothers beseechingly appeal to us to save their dear ones, but in many—too many—cases we can make no sign. Tell me, if you can, doctor man, why so many of these little children die. It has been said, especially by kind-hearted doctors, that the Almighty lovingly takes them home. Possibly this may be true, but what reason have we to believe that such is the case? Do we know that they do not die as a result of our ignorance? These are live and far-reaching questions, brothers, and they are worthy of serious consideration. Watch carefully and report everything apparently new or unusual.

DYSENTERY.

Although supposed to be a disease peculiar to hot climates, dysentery, as is well known, is of frequent occurrence throughout the United States, especially during the months of July, August and September. Good authorities claim that it most frequently attacks persons of adult age, but in my practice by far the larger number of patients have been from two to five years of age. It may be, as stated by many well informed writers, that the disease usually depends upon some dietary wrong, but I have frequently treated cases of the disease in which it was impossible to discover any evidence of such a cause. I am at the present writing treating a case in a wealthy family where every precaution has been taken against all forms of summer complaints. The patient is a robust little fellow two years of age, and the mother is a woman of good sense and intelligence. She personally regulates the diet of her children, in accordance with the most approved customs. She also personally attends to their clothing and sees that it is adapted to the changing seasons, as well as to the sudden changes in the temperature.

In the case under consideration I am unable to discover any cause for the abnormal condition. It was preceded by a diarrhœa which continued for twenty-four hours, and was then followed by bloody mucous discharges. The evacuations were from fifteen to twenty in number every twenty-four hours for the first three days. The pulse was small and increased in frequency, and the temperature was slightly elevated. The skin was dry, and the urine decreased in quantity. There was some tenesmus, but it was not intense.

The first prescription was *R* Specific Aconite gtt. iii, Specific Ipecac gtt. x, water, $\bar{\text{ss}}$; teaspoonful every hour. Once

a day a teaspoonful of castor oil and glycerin, equal parts, was administered. On the third day the fever disappeared and the prescription was changed to *R* Specific Ipecac gtt. x, Kali Mur. gr. xx, water, $\bar{\text{ss}}$; teaspoonful every hour. On the sixth day the discharges had decreased to five per day, and the blood had disappeared. The "glycerin compound" was then omitted, and a one-grain powder of calcined magnesia given every three hours. To-day the child has had two natural evacuations, is apparently well, and the case will be dismissed to-morrow. The diet throughout the treatment has consisted of mutton broth and malted milk, with small quantities of water as often as the patient desired it.

POISONING.

(Continued from page 227.)

ACID, HYDROCHLORIC—MURIATIC ACID.

Diagnosis.—Poisoning by hydrochloric acid is not often met with, but cases occur occasionally. One-half ounce of the strong acid has caused death. In all cases of poisoning by the mineral acids the symptoms produced are very much the same. There is violent burning pain in the mouth, œsophagus and stomach, which commences immediately. The burning is followed by retching and vomiting of a dark-colored liquid with shreds of mucus, and portions of the mucous membrane of the œsophagus or stomach. The inside of the mouth is shrivelled and more or less corroded, unless the agent has been given in a spoon, taken from a bottle or otherwise passed over the tongue to the back of the fauces. If it has not been taken in some such way as mentioned, the outside of the lips and mouth will present the stains characteristic of the acid used. There is great thirst, difficulty of swallowing, impeded respiration, bowels constipated and the urine scanty or suppressed. These symp-

toms are followed by great exhaustion, the pulse becomes quick and feeble, and the skin cold and clammy. The face is expressive of great suffering, and the mind is clear to the last. Even if the patient recovers from the immediate effects of the strong acid, there is always danger of death resulting from stricture of the œsophagus, within a year or two. Cases of this kind should, therefore, be carefully watched, and suitable treatment employed as soon as needed.

Treatment.—Bicarbonate of soda or calcined magnesia, or the carbonate of magnesia, should be given at once, mixed with milk or any mucilaginous fluid, and the doses frequently repeated until the acid is believed to be neutralized. In the absence of the antidotes named, chalk, whitening, soap and water, or the plaster of the apartment beaten up in water, may be used. Olive oil, linseed tea, barley water, milk, gruel, or anything of a similar nature, should be freely given. The stomach pump should never be used in poisoning by the strong acids, as the softened state of the tissues renders them liable to perforation. Should breathing be impeded from injury to the larynx, tracheotomy should be performed at once. The mucilaginous drinks should be continued for some time after a sufficient quantity of the antidotes have been administered. Subsequent treatment should be the same as for gastro-enteritis. Extensive injuries from the corrosive acids should be treated the same as burns.

ACID, HYDROCYANIC—PRUSSIC ACID.

Diagnosis.—This is one of the most deadly poisons known. When diluted with water it forms the hydrocyanic acid used in medicine. Nine-tenths of a grain of the anhydrous acid has caused death. Forty-five minims of the diluted preparation is about equal to nine-tenths of a grain of the anhydrous acid. The time required to cause death varies from two to

five, and even forty minutes. The symptoms vary with the dose and mode of exhibition. Inhalation of the vapor of the anhydrous acid would cause immediate death. When the diluted acid is taken in a large dose, the symptoms may commence while the drug is being swallowed, death following so quickly that scarcely any effects can be observed. The chief symptoms are insensibility, slow gasping, or convulsive respiration; a clammy, cold skin, fixed and glistening eyes, dilated pupils, spasmodic closure of the jaws, an almost imperceptible pulse, and sometimes convulsions of the limbs and trunk. Insensibility is not in all cases immediately produced. A small dose causes faintness, insensibility, difficult breathing, involuntary evacuations, loss of muscular power, convulsions and temporary paralysis. Such cases, if promptly treated, may recover.

Treatment.—Ammonia is deemed by good authorities to be the best and most speedy remedy. Attempts should be made to restore animation by cold affusions, stimulating frictions to the chest and abdomen, warmth to the surface, and the application of ammonia to the nostrils. Cold affusions to the head and neck have proved of benefit when promptly used and repeated at short intervals, so as to cause a shock. If recovery from the immediate effects of the acid ensues, vomiting should be produced, and then strong coffee with brandy administered.

ACID, NITRIC—AQUA FORTIS.

Diagnosis.—The symptoms caused by poisoning by this acid are similar to those resulting from poisoning by sulphuric acid. The stains produced by nitric are, however, different from those caused by sulphuric acid. They are white at first, but soon become yellow or orange in color, and finally change to brownish-red. The vomited matter is

yellow or brown. Death from poisoning by this acid usually occurs within twenty-four hours. It has taken place in an hour and three-quarters. The vapors of nitric acid have caused death.

Treatment.—Under no circumstances should the stomach pump be used in a case of poisoning by nitric acid. The remedies to be used are lime water, chalk in water, magnesia, boiled starch, linseed tea, solution of the carbonate of sodium or bicarbonate of sodium, and oils.

GELSEMIUM.

The following abstract is taken from Dr. Fyfe's new work on *Materia Medica and Therapeutics*:

Gelsemium is a valuable remedy in all fevers when there is irritation of the nerve centers. It prevents determination of the blood to the head or spinal cord, and checks spasmodic action. In convulsions it is a superior remedy. It may be administered hypodermically in doses of five to ten drops of the specific medicine when the condition of the patient is such as to make this method desirable. In labor, when there is a constricted or pinched condition of the lower segment of the uterus, vagina and perineal tissues, accompanied by a rigid os uteri, gelsemium exerts a gratifying influence. In the condition here referred to, ten drops of the specific medicine (or a good fluid extract) should be added to five drachms of water and a teaspoonful of the mixture given every ten minutes until the entire amount has been administered. In cholera it is used with beneficial results.

Gelsemium Sempervirens is sedative, antispasmodic, alterative, relaxant, emmenagogue and nervine. In very large doses it has caused death.

Indications.—Flushed face, unnaturally bright eyes and contracted pupils, with increased heat of the head; pain in the entire head; restlessness and indisposi-

tion to sleep; urine passed with difficulty and in small quantities, with sense of irritation of the urinary organs; child rolling head from side to side; irritation and determination of blood to the brain; sudden movements of extremities or facial muscles; rigidity of the os uteri, it being thin, sharp and unyielding; neuralgia and nervous headache; sense of constriction in the loins, with tensive or drawing pain seemingly in the spine.

Dose.—Fluid extract, 1 to 15 drops; specific medicine, 1-10 to 10 drops.

Usual Prescription.—℞ Gelsemium, gtt. x to xxx, water ℥iv. M. Sig. Dose one teaspoonful every hour.

Dr. Joseph Byrne calls attention to the importance of position in bed in very weak states of the patient. For instance, the muscular tone of a very debilitated patient may be so relaxed as to permit the tongue to fall back into the throat sufficient to impede respiration in some cases, thus leading to death, that might be obviated by laying the patient on the side with the face turned rather down toward the bed, thus permitting the tongue to rest upon the side of the mouth and fall forwards, and allowing a freer ingress of air to the lungs. In many diseases the *materies morbi* has spent itself after a certain time, the patient being weakest when this is nearly ended, and ready to succumb to the respiratory difficulty mentioned at such a time, though able to pass beyond this point, and thence to ultimate recovery, if safeguarded through the few hours or even days while the attacking force is spending itself. Dr. Byrne claims to be satisfied of having saved individuals in this way, and there is no doubt but he is right.

When, as a recent writer in substance says, the truth is once thoroughly understood and appreciated that anything

which interferes with functional activity of the excretory organs and prevents the free elimination of poisons, not only causes the blood to become loaded with toxic materials, and thus renders it less able to take up the retrograde products of cell activity than when it contains a comparatively small amount of those materials, but that the poisoned blood less readily conveys the nutrient material which is absolutely necessary for the life and health of the cells, and that the accumulating poisons inhibit their activity and lessen their power to recognize and combat maleficent agents, we will be able to appreciate the importance of auto-intoxication as an active factor in the production of disease.

Rhus Toxicodendron would be indispensable in the treatment of children if it had no other powers than is shown in its wonderful control over the nervous excitement which frequently causes them to start up from sleep and cry out in a terrified manner. For this condition it is an unfailing specific. It is also an efficient remedy for pains in the frontal regions and orbits, which are most severe on the left side. Add five to ten drops of the specific medicine to four ounces of water, and give one teaspoonful of the solution every hour.

Prof. G. S. Bell, who was a teacher of much ability, large experience and excellent attainments, never allowed an opportunity to pass without earnestly urging his students to watch the heart with the utmost care. When lecturing on typhoid fever, he always told his students that the danger of heart failure outweighed all other sources of danger. Even after the fever has disappeared the cardiac weakness, he used to say, was most grave, and demands at the hands of the profession the most careful attention. In eruptive

diseases the heart is heavily burdened, and many fatal results from these affections are due to cardiac failure. In diphtheria the toxemia is very great, and the paralysis of the heart that often so rapidly carries our patient away, can be traced to lack of systematic attention to the heart. In peritonitis, and in all fevers, or any condition which taxes heavily the vital energies, it is the duty of the physician to carefully guard the heart, and this can be readily done by a judicious employment of cactus, crataegus, callinsonia, strychna or glonoin, in accordance with their specific indications.

Don't think aloud in the presence of your patients. It is bad form, and often makes trouble. A diagnosis, or a prognosis, which is not free from doubt should be thought of silently. Some people get well who should die, and some people die without any apparent scientific reason.

Well, even if our loving (?) old school brethren should some day attach us to the tail of their kite, we can get lots of fun out of springing therapeutic surprises on them.

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, on June 18th to 20th, 1903. J. D. McCann, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 9th and 10th, 1903. W. S. Dart, M. D., president; S. A. Hardy, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th Street. A. W. Herzog, M. D., president; H. J. Doll, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; April meeting at the office of Dr. M. B. Pearlstien, 309 Hewes Street, Brooklyn. M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th Street. W. J. Krausi, M. D., secretary.

MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

Clinic at Massachusetts Eclectic Medical State Meeting, Reported by Pitts Edwin Howes, M. D., Secretary.

At our last annual meeting our newly elected president, Lillian G. Bullock, M. D., presented a "clinic" for observation and advice, which she described as follows:

The complaint for which Mrs. W.——— seeks relief is a partial loss of power of the quadriceps extensor and sartorius muscles, the left thigh being more affected than the right.

This condition is evidenced by an inability to go up stairs without pulling on the baluster. She has great difficulty in getting into the street cars, and she cannot arise from a sitting posture without assistance from her hands or by leaning far forward. She cannot arise from a kneeling posture without assistance.

In other respects Mrs. W. is in perfect health. She does her own housework and can walk long distances without fatigue. When she was 18 years old she joined a gymnasium and discovered that she could not jump as the other girls did. This was the first that she knew of any trouble, but gave it no especial thought at the time.

She is now 34 years old, and 6 years ago passed through a difficult labor with instrumental delivery, during which the joints of the pelvis were separated, and she had a tedious convalescence. Since then the muscles have troubled her more than before. This difficulty has been gradually progressing since it was first noticed 16 years ago. There has never been any pain or soreness in the thighs or back. The only reason why she seeks relief is on account of the mortifying inconvenience when in public gaze. There is no appreciable atrophy of either limb.

She consulted me in May, 1901, and began regular treatment three times a week. I have used electricity as follows: Galvanic

current—pole to lumbar region, + pole to the motor joints of thigh; the faradic current in the same way; central galvanism with + pole to epigastrium, static sparks down spine and to affected muscles. She also has had daily massage of the muscles. Since coming to me she has received 100 treatments, each of about 40 minutes duration with no apparent benefit.

After giving the above description, Dr. Bullock had her patient demonstrate what she could and what she could not do. Many questions were asked, but no new facts concerning the case were elicited. Several of the physicians present offered suggestions.

If any reader of the REVIEW can assist Dr. Bullock in the treatment of the above case she will welcome such advice with much pleasure.

KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

The first regular meeting this season will be held at the office of Dr. M. B. Pearlstien, 309 Hewes street, corner Harrison avenue, Monday evening, September 15. A very interesting paper will be presented by Dr. C. M. Ballard, entitled, "Can we positively diagnose early pregnancy?" Dr. James T. Burdick will enlighten the members with a proposition for an Eclectic Hospital in Brooklyn.

M. B. PEARLSTEIN, M. D., Sec.

BOSTON DISTRICT SOCIETY.

The Boston District Eclectic Medical Society will resume its monthly meetings on the third Tuesday of September, at their usual meeting place—the Thorndike, one of Boston's leading hostcleries.

The secretary, Dr. Pitts Edwin Howes, assures us that he will continue to give the REVIEW readers the benefits of those meetings through our pages.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

A. E. G. Will you kindly, through the REVIEW, whose Query Department I read with much interest, give me the incubating period of the various contagious diseases, together with the period during which they can be disseminated to susceptible victims.

Very apropos to the above query is an article which has been recently published in the *Boston Medical and Surgical Journal*, and signed by a committee consisting of Drs. Samuel H. Durgin, chairman; J. H. McCollom, Elbridge G. Cutler, John Lovett Morse and Richard C. Cabot.

Typhoid Fever. (1) The period of incubation is most often 12 to 14 days, frequently 9 to 10 days, occasionally 8 and possibly less. (2) The period of observation is uncertain, and under some circumstances should extend over 28 days; namely, when the water supply cannot be changed. (3) The period of isolation, in the ordinary acceptance of the term, should extend through the period of convalescence; and proper disinfection of the stools, and urine, and possibly of the sputum, should be practised for at least a month after the symptoms have ended. (Recent observations have shown that the bacilli may persist in the urine for a much longer time, hence to insure absolute safety the patient should be considered a possible source of danger until the bacilli have disappeared from the urine.)

Mumps. (1) The usual period of incubation is three weeks. The shortest period is probably 14 days. The longest period known is 25 days. (2) The pe-

riod of observation should be 25 days. (3) The period of isolation should be 28 days, and, if all glandular swellings have subsided and there is no tenderness of the breasts or other parts of the body, the patient may be released.

Scarlet Fever. (1) The period of incubation is 2 to 3 days, as a rule, but it may be 8 (and possibly 20—McCollom). (2) The period of observation should be 10 days, provided there is absence of fever and sore throat and all formites are disinfected. (3) The period of isolation, so far as danger to others is concerned, should be from the appearance of the eruption until desquamation has ceased; the nose and throat should be healthy, all complications should be over; thorough disinfection of house, patient and belongings should have been done before the patient is released.

Whooping Cough. (1) The duration of the incubation stage is 4 to 10 days. (2) The period of observation should be 21 days. (3) The period of isolation should be from the commencement of the whooping or spasmodic stage, and should last till the characteristic cough has ceased.

Measles. (1) The incubation period is 11 or 12 days. It may be 10 or, possibly, shorter. On the other hand, it may be as long as 14 days. (2) The period of observation should be 16 days. (3) The period of isolation should last till desquamation and catarrhal symptoms have come to an end.

Chicken-pox. (1) The period of incubation is usually 14 days. It may be from 11 to 19 days. (2) The period of observation should be 20 days. (3) Infectiousness lasts until convalescence is over and all scabs, especially on the scalp, have been detached. This, then, should be the period of isolation.

German Measles (Rotheln). (1) The incubation period is 18 days, usually, but it may be possibly 5 to 21 days. (2) The

period of observation should be 23 days; the isolation period should be 14 to 21 days, according to the severity of the attack.

Smallpox. (1) The stage of incubation is 11 or 12 days, usually. It may be 8 days, and perhaps 20 days. (2) The period of observation should be 3 weeks. (3) The patient may be released from isolation when all primary crusts have fallen off and patient's hair and skin surface have been thoroughly disinfected as well as all infected articles.

Diphtheria. (1) The period of incubation of diphtheria of the throat or larynx is usually 2 days. It does not often exceed 4 days, but, occasionally, reaches 7. (2) For a single exposure the period of observation should be 12 days. (3) The period of isolation after an attack of diphtheria should last until two consecutive negative cultures from the nose and from the throat have been obtained before the release of the patient.

Influenza. (1) The period of incubation is 2 or 3 days usually. (2) The period of observation after exposure should be 6 or 7 days, according to the virulence of the epidemic. (3) The period of isolation of the sick should last till catarrhal symptoms are ended.

This is simply an abstract of the report as published by the *Philadelphia Medical Journal*. The whole report is exceedingly interesting, as well as instructive.

The remaining queries will be answered next month, the space at my disposal being filled.

SELECTIONS.

THE PIROGOFF MUSEUM, ST. PETERSBURG.

By NICHOLAS SENN, M. D., OF CHICAGO.

The name of Nicholas Pirogoff stands out pre-eminently in the medical history of Russia. As a military surgeon he had no superior. He was to General Todleben, of Crimean fame, what Baron Larrey

was to Napoleon Bonaparte. Pirogoff's surgical work was fully appreciated by his contemporaries, and his devotion to the sick and wounded of the Crimean war made him the idol of the soldiers and the recipient of the gratitude of a great nation. His vast military experience, his keen powers of observation and his unquenchable thirst for something new and better, placed him in a position to speak and write authoritatively on everything pertaining to military surgery. His classic work on this subject was translated into nearly all living languages, and is to be found in all medical libraries of any pretension. It can be read with interest and profit by the students and surgeons of to-day. His description of hospital gangrene, sepsis, and pyemia as he saw and studied these messengers of death in camp and field make a pen picture perfect in every detail and which, when studied with the necessary care, reflects the darkest part of the angry war clouds which hovered over and about Sebastopol during the memorable years of 1854 and 1855. His accounts of the immediate and remote effects of the large caliber bullets, shrapnel and fragments of exploded shells were based on careful observations and a thorough study of an immense clinical material. The conclusions he reached were fully verified by the experiences of our surgeon during the great Civil war. Pirogoff was a progressive surgeon and a true humanitarian. The great personal sacrifices he made for the defenders of his country live in the memory of a grateful nation. His name is a household word throughout Russia. The medical profession reveres and honors his memory. Busts in snow white marble and durable bronze immortalize the thoughtful, kindly face of the distinguished dead in all places where medicine is taught in Russia to remind students of what he did for his country and the science and art of surgery.

What a pity that a man who spent his whole lifetime in relieving suffering humanity should die of one of the most cruel of all diseases! This was the fate of poor Pirogoff. When advanced in years and when his task on earth was nearly finished, he became the victim of carcinoma of the upper jaw. The disease pursued a slow course. The unfortunate patient, who had dealt with this disease so often with scalpel and caustics, visited Professor Billroth and begged to be given the benefits of radical operation. Pirogoff then was 82 years of age. The great surgeon whose services he sought weighed the evidences for and against an operation well and with tears in his eyes revealed to his distinguished colleague the hopelessness of his condition. Pirogoff returned to St. Petersburg discouraged, but resigned to the inevitable. He was met at the station by an enormous crowd of admiring, sympathizing colleagues and friends, and a host of grateful soldiers and patients. Soon after his return death came to his relief, and his noble soul departed from the mould of clay that was disfigured by the relentless disease. St. Petersburg has honored the memory of Pirogoff in a most worthy manner by establishing and maintaining a museum known as the Pirogoff Museum. This is a handsome, solid square building, two stories high, in the immediate vicinity of the Imperial Military Academy, separated from it by a narrow street. The building was originally a storehouse for army supplies, and was presented by the War Department to the medical profession of St. Petersburg for this special purpose, a well deserved and gracious recognition on part of the government of the valuable services rendered by the distinguished dead to his country and his profession. The building has been thoroughly renovated and serves at the same time as a meeting place for all of the medical societies of St. Petersburg. On the first floor is a hall with 300 to 400

seats for the general meetings. The next room on the same floor and communicating with the assembly hall is the museum proper. The collection contains some very interesting and rare specimens and historic surgical instruments. The surgical instruments used by Pirogoff during the Crimean war occupy a very prominent place in the last-named department. A velvet-lined pocket case with old-fashioned scalpels, scissors, etc., shows the wear and tear of that memorable campaign. In a separate glass case is exhibited a part of the tumor preserved in alcohol, and a microscopic section of the same which terminated the life of the famous military surgeon. A fine portrait in oil and a marble bust reminds one of the name of the place they are in, and a photograph of the deathbed with the lifeless remains shows only too plainly the ravages of the fatal disease. The first floor also contains a nucleus for a general medical library. The second floor is devoted to the different specialties in medicine, each of which has its own room and library. For the maintenance of this ideal medical institution the members of the different medical societies pay ten rubles (\$5.00) annually. The Pirogoff Museum is an ideal home for the medical profession, containing as it does a rich museum, a hall for general meetings, and all that could be desired for the different specialties in medicine, with general and special libraries. The physicians in Chicago and in other large cities in our country have for years labored in vain to establish a somewhat similar institution. Here in St. Petersburg is an object lesson which, if applied to our conditions, might solve many difficulties we have had to contend with in the past. On my way from Moscow to Constantinople I remained long enough at Sebastopol to visit the battlefields where Pirogoff made his international reputation. Every school-boy is familiar with the stirring events

that made Europe tremble in 1854 and 1855. Only a very few of the participants of that bloody drama remain to relate the sufferings and privations of that eventful campaign so devoid of practical results.

The valiant charge in the valley of Balaklava and the stubborn struggles on the plains of Inkermann were events that stand out prominently in the history of the middle of the nineteenth century. The Russians held the eminence behind the invincible harbor of Sebastopol, and within a thousand yards of their line of battle the English occupied the great Redau (Greenhill) supported by the French on the right and on the left. The plain of Inkermann remains to-day much the same as it was when the contending forces left it—a series of entrenchments. A railway track between the headquarters of the English army and the city of Inkermann could be used to-day without much alteration as a roadbed for a modern railway. The English fleet finally landed at Balaklava, and from that little seaport town, nine miles from Sebastopol, the army attacked the Russians on the left flank, with the disastrous result so familiar in history. The battlefield of Balaklava is now covered with fertile vineyards and peaceful happy homes. The large and well-kept English, French and Russian cemeteries contain the remains or memorial slabs of over 200,000 who lost their lives in the defense of the cause they represented. In riding over the stony, sterile plains of Inkermann I found a number of men here and there plying the pickaxe and shovel in search of war relics. For nearly 50 years this strange industry has been a source of considerable income and it is by no means exhausted. Cannonballs, bullets, shrapnel, fragments of exploded shells, buttons, buckles and rusty horseshoes are brought to the surface daily and are sold to the visitors for what they are willing to pay. On the

summit of the Redau is a handsome monument erected by the English army to the memory of the fallen heroes. In the office of the English cemetery is a complete list of all the names of the British dead, and I noticed it contained the names of an unusually large number of surgeons. This can be readily explained by considering the causes of death. It is well known that the great mortality of the allies was due largely to acute infectious diseases. Cholera, dysentery and camp diarrhea decimated the ranks rapidly, which in connection with inadequate clothing and food supply, contributed much to the failure of the campaign. The Russian army met a similar fate. Pirogoff saw more actual suffering than any other military surgeon in the same length of time. He worked night and day on the field and in the hospitals in and about Sebastopol in the care of the sick and wounded. It was work of a most discouraging kind. All efforts to arrest the spread of the death-dealing diseases proved futile. The most careful and assiduous treatment only too often proved powerless in averting death. The most skilful operations useless in saving limb and life, for the wounds, as a rule, became infected, and a very large per cent. of those upon died from sepsis, pyemia, erysipelas hospital gangrene and secondary hemorrhage. It takes courage to follow the course of duty under such trying circumstances. Pirogoff remained at his post as long as his services were required, and performed his onerous duties with an enthusiasm and faithfulness that commanded the respect of his colleagues and won the love and veneration of those who came under his care. When physicians hear or read of the Siege of Sebastopol the name of Pirogoff invariably suggests itself as the central figure of the noncombatants of that disastrous conflict. The monument that commemorates his deeds in the most worthy and useful manner,

and that will immortalize his fame, is the Pirogoff Museum. The Russians have honored the memory of their most famous surgeon in a manner that merits imitation. Can we say the same of our countrymen? What have we done for Benjamin Rush, one of the signers of the Declaration of Independence, the eminent physician, the erudite author, the great teacher and the first Surgeon-General of the United States Army? For years the American Medical Association has tried in vain to collect enough money to erect a suitable monument to the memory of the patriot physician in the Capitol city. Why not found and maintain a Benjamin Rush Museum in Chicago, or some other large central city, on the same plan as the Pirogoff Museum, as a permanent home for the American Medical Association and its official organ? Let the medical profession of the United States answer this timely question by word and deed.—*American Medicine*.

Balaklava, Russia, June 7.

Remarkable Fecundity.—A Valencia journal is responsible for the statement that a woman of 44, married for 24 years, has given birth to 24 living healthy children at full term, all being single births. One physician has assisted at the delivery of 19 of these children.—*American Medicine*.

SKIN ERUPTIONS IN BRIGHT'S DISEASE.

Prengle (*Practitioner*, London) gives Thursfield's classification as follows: (1) The affections which characterize or may arise in) the early stages of renal disease: pruritis, urticaria, eczema; (2) those which occur in the final stage and in uremic conditions—the universal erythematous, bullous and desquamative eruptions; (3) purpura and other hemorrhagic eruptions; (4) those

affections which are seen only with marked edema. The author states that the process is probably similar to that by which eruptions are caused in septicemic or ptomain poisoning, *i. e.*, toxins acting through the vasomotor and tropic nerve systems. It is certain that neither urea nor uric acid is the toxic substance at work, and it has been suggested that substances of aromatic group which reduce Fehling's solution, and which are frequently present, may be the active agents; but no cogent evidence has been adduced on this point.—*Brief*.

EDEBOHL'S OPERATION.

In endeavoring to improve upon the methods devised for anchoring a floating kidney, Dr. George M. Edebohls, of New York, found that in case of patients who had presented some of the symptoms of chronic Bright's disease before operation, the latter were benefited by the nephropexy. The albumin and casts disappeared from this patient's urine and his general health improved. As time went on, among the many patients upon whom the operations for floating kidney were performed, were some patients who had advanced Bright's disease, and these were found to be greatly benefited by the nephropexy, and four out of six cases of this sort seemed to be entirely cured. Pleased and encouraged by such unexpected results, Dr. Edebohls did not hesitate to perform nephropexy upon every patient in which the operation was indicated, even if one or both kidneys was affected with chronic Bright's disease.

The results at the present time are as follows: Of 191 patients upon whom he has performed nephropexy, there were 16 who had chronic nephritis, in 8 cases affecting but one kidney, and in 8 others both kidneys were diseased. In all these cases great improvement in the symptoms and general health followed the operations, and 8 of these patients who have been under observation, from one to eight years, have

shown no signs of recurring nephritis and have remained in good health. The diagnosis of nephritis was made positively in each of these sixteen cases by the previous history of the patients, by chemical and microscopical examination of the urine, and lastly by the critical test of actual inspection and palpation of the kidneys at the time of operation.

The essential features in Edebohls' operation as now performed are as follows: The kidney is carefully separated from its fatty capsule and drawn up, if possible, through the outside wound. Next the fibrous capsule is carefully stripped off the kidney, reflected toward the pelvis until the entire surface of the kidney lies raw and denuded. The stripped off capsule proper is then excised close to its junction with the pelvis of the kidney. If the kidney cannot be delivered through the outside wound the operator should, of course, do the best he can to peel off the capsule with his fingers, and remove as much of it as possible. The raw and denuded kidney is then dropped back into the fatty capsule and the external incision is closed. No drainage is used except when the parts are extremely edematous. The death rate from Edebohls' operation has so far been nil, and every patient, even when suffering from chronic Bright's disease of both kidneys, has recovered.

To what are the good results of this operation to be attributed? Dr. Edebohls' conclusions after quite an extensive experience are summed up as follows: The main object sought is to increase the arterial blood supply to the diseased kidney. By this means a gradual absorption of the interstitial or intertubular inflammatory products and exudates is brought about, the tubules and glomeruli are freed from compression, contraction and distortion, and the regeneration of new epithelium capable of carrying on the secretory function is assured.

The fibrous capsule, especially when altered by disease, becomes an almost im-

penetrable barrier to the passage of blood-vessels between the kidney and the fatty capsule. The fatty capsule and the denuded kidney are both liberally supplied with blood-vessels, both are brought intimately together over the whole surface of the kidney by Edebohls' operation, and the necessary result must be the formation on an extensive scale of anastomoses between the blood-vessels of the two.

What are the limitations of this operation? Dr. Edebohls declares that he is prepared to operate upon any patient with chronic Bright's disease who has no incurable complications, or one absolutely forbidding the use of anesthetic, provided that the patient without operation has a probable expectation of life of one month.—*Journal of Medicine and Science*.

Dr. J. B. Shoemaker in an article on *Lupus Vulgaris* in the *Medical Bulletin* for August gives the following definition for an alterative: "A remedy which has the power when given in small doses for a continued period of improving the quality of the blood, increasing the number of its red corpuscles, and promoting the general vigor of the body."

CANCER AND EFFERVESCENT DRINKS.

There is a remarkable coincidence between the spread of cancer and the largely increasing consumption of effervescent wines and waters. Prior to the sixties, champagne as a drink was used but occasionally, nor were aerated waters consumed in anything like the quantity or frequency that they are now. The upper classes by constantly imbibing effervescent beverages, solutions of carbonic acid of greater or less strength, so prepared their mucous tissues as to make them a favoring host to the cancerous fungus, if fungus it be.—*London Med. Times*.

PHYTOLACCA DECANDRA; ITS USE AS A MEDICINE.

The following interesting description of *Phytolacca Decandra* by H. A. Shafor, M. D., is from the September *Medical World*.

Phytolacca decandra, commonly known as poke or pigeon berry, is a perennial plant growing in new ground and waste places throughout the United States. It flowers from July to September. The stem is smooth, round, green when young, purple when mature, hollow, four to eight feet high, and varies from one to two inches in diameter. It has numerous spreading branches, leaves entire, scattered, five inches long, three inches wide, deep green, ribbed beneath. The flowers are white, arranged in long racemes opposite the leaves. The fruit when ripe is a deep purple berry, compressed, containing ten carpels, each carpel containing one black seed and a quantity of deep purple juice. The root when fresh is large, conical, branched, fleshy, whitish within, and breaks easily; covered with a brownish bark, has a sweetish, acrid taste. The specific tincture is prepared from the fresh root, the dry being inert. Though the young shoots are used by some as "greens," the mature plant is poisonous in large doses. The most direct action of the drug is in inflammatory conditions of glandular structures, especially the lymphatics. The inflamed and ulcerated mucous membranes of the rheumatic patient are directly influenced by this remedy. It is very valuable in the squamous variety of skin diseases. Inflammation of the breasts in nursing women, and sore nipples, are relieved by this agent. Syphilitic lesions, such as enlarged glands, skin eruptions, pains in the bones of the face at night, and ozena, are favorably influenced by use of *phytolacca*. In non-malignant diphtheria and membranous and spasmodic croup it is used in combination with other remedies with great success. Ulcers and ulcerating skin diseases improve rapidly under the local application of a concentrated

preparation of the berries or root, the remedy being administered internally at the same time.

The berries possess the same medicinal properties as the root. An alcoholic preparation of the juice from the fruit makes an excellent coloring fluid for prescriptions where an alterative or glandular remedy is indicated. The local application combined with iodine, and internal administration of *phytolacca*, has worked admirably in the treatment of goitre. In fact it is a remedy of wide use and great value, and deserves to be studied by the profession.

H. A. SHAFOR, M. D.

Detroit, Mich.

Dr. Krieger observed the case of a woman, 46 years of age, who, after a severe pleurisy, had presented the symptoms of exophthalmic goiter, for which she was treated in 1899. Under the influence of remedies the symptoms had almost entirely disappeared when the patient presented during several successive winters the symptoms of Raynaud's disease, terminating in scleroderma. When she last returned to the clinic the exophthalmic goiter had entirely disappeared. The cardiac difficulties of which she complained could be attributed to inflammation of the coronary artery. The lesions of scleroderma exhibited themselves under the form of œdema of the face and an induration much more accentuated on the hands and fingers than upon the back, feet, and legs.—*La Tribune Medicale*—*Bulletin*.

SULPHUR IN COUGHS.

Our old friend sulphur often comes to the fore as a curative remedy in coughs which are dry, caused by a tickling in throat, only during night, preventing the patient from sleeping. Sometimes the cough, if dry at night, is attended during the day by yellowish expectoration. Our old preceptor used to keep the cork in his sulphur bottle dark from frequent use, and he was a successful physician.—*Hahnemanian Advocate*.

PAIN IN THE CHEST.

The average doctor has only about three "stock diagnoses" for pain in the chest, and if his patient has neither pleurisy nor pneumonia, he is assured that the pain is due to rheumatism. The practice is reprehensible, for many various causes combine to produce the symptom which the suffering patient can only describe as a "pain in the chest."

Pleurisy and pneumonia are easily excluded; rheumatism less so, but the following terse suggestions, as given by Gould & Pyle's Cyclopædia of Medicine and Surgery, contain much to make the average lightning diagnostician think. Chest pains may be due to—

Intercostal neuralgia, in which there is tenderness at certain points only. For neuralgia, strap the chest, and given arsenic, with an occasional mercurial purge. Quinine acts best after mercury.

Rheumatism of the fascia, the whole region being tender. [Alkalies, diuretics and saline purges.—Ed.]

Neuritis, in which there is circumscribed linear tenderness—neuroma. [Each case must be treated symptomatically.—Ed.]

Acute pleurisy, with chill, fever and friction sound. Dry pleurisy is very common; the patient is relieved surely by adhesive straps, and relief confirms the diagnosis.

Aneurysm, which, however, may not cause pain, even if large.

Ataxia, and other spinal diseases.

Bronchitic pain: calls for strapping and opium.

Myalgia: relieved by straps.

Mitral disease: rarely painful.

Aortic disease: generally painful.

Dyspepsia: diffusible and radiating pains. [Antifermentatives and digestants, combined with laxatives or cathartics as indicated.—Ed.]

Herpes zoster: pain may precede eruption many days. [Chloretone by the mouth, and when eruption appears, paint with colloid in which is incorporated three grains of morphine to the ounce, twice daily.—Ed.]

Angina pectoris; a psuedo-angina occurring in women; not relieved by nitrites but instantly by chloroform.

Phthisis. [Codeine, Chloretone, syrup hypophosphites compound with no sugar, Heroin; any cod-liver oil preparation with morphine; severe counter irritation, or alcohols.—Ed.]

Syphilis. [Mercury or iodide of potassium in generous dosage, according to stage; by mouth, injection or inunction.—Ed.]

Gout. [Alkaline treatment as in rheumatism, with local hot air applications, and absolute rest in reclining position.—Ed.]

Carcinoma. [If about chest, only operation or increasing doses of anodynes.—Ed.]

This we esteem as a superb condensation, and we hope every reader will note and remember the headings when tempted to be superficial in examinations. The treatment suggested is collected from various authorities, where the authors omitted suggestions. Not claiming originality, we realize the failure of the profession to give due attention to a real symptom, and hope the excellent suggestions of these gifted authors may go home, with the result that the profession may be benefited, and suffering humanity relieved.—*Medical Summary.*

EDITOR ECLECTIC REVIEW:

Dear Sir—Enclosed find my subscription for your practical and helpful journal. I always find some helpful suggestion in it.

Yours truly,

O. W. SUTTON,
Bath, N. Y.

All Eclectic publications can now be obtained from the office of the Eclectic Medical College of the City of New York, who are now the Eastern agents for the Scudder Bros. Publishing Co.

Hair-cap moss (polytrichum) it is claimed is of benefit in ascites or anasarca. It largely increases the urinary secretion and reduces the weight of the body within a few days.—*Medical Summary.*

CONDITION OF STOOLS IN INFANTS.

Much may be learned by a careful inspection of the stools of infants with reference to increasing or diminishing the various kinds of food. The normal infant stool is smooth, yellow, homogeneous, and about the consistence of thin mush. The following may be considered abnormal types:

1. Green Stools.—Stools can only be considered green when that condition is evident immediately upon their passage. They are due to a fermentation, which is doubtless the result of bacterial action. All stools become green a certain time after passage, caused by oxidation of the air.

2. Curdy Stools.—Curdy lumps may be produced by undigested casein or fat. The former are hard and yellowish, while the latter are soft and smooth, like butter.

3. Slimy Stools.—These are the result of catarrhal inflammation. When the mucus is mixed with fecal matter, the irritation is high up in the bowel, but when flakes or masses of mucus are passed, the trouble is near the outlet.

4. Yellow Stools.—These are seen in depressed nervous conditions, especially in the hot days of summer, when the bowel is relaxed, and the inhibitory fibres of the splanchnic nerve do not act to advantage.

5. Very Foul Stools.—These are caused by decomposition of the albuminoid principles of the food.

6. Profuse, Colorless, Watery Stools.—Profuse, colorless, watery stools, with little fecal matter, are doubtless caused by an infective germ, akin to that of Asiatic cholera. This is known as cholera infantum.

It is rare to see one of these types by itself. With the exception of the last, they may be seen in all combination.—CHAPIN, *Jour. A. M. A.*

Dandelion is directly indicated in dyspepsia with pain or choking sensation in the lower esophagus, with tenderness of the stomach and fulness after eating.—*Times*.

THE MORPHINE AND ALCOHOL HABITS.

Some months ago I received a letter from Dr. Lott, of Cameron, Tex., stating that he was using massive doses of hyoscine in the treatment of various forms of drug habit with very great success, and asking if I could give any information in regard to what was to him a purely empirical plan of treatment. I asked him to write a paper on the subject, which he did and which was published in the *Therapeutic Gazette* for February, 1902. Since then I have tried the plan in six cases with extraordinary results from the following points of view: First, the patients can take massive doses for days at a time, as much as one-fourth grain each day hypodermically, with no evil effects on any vital function. Second, they suffer very slightly, if at all, from the immediate withdrawal of the morphine, and third, and more surprising, the desire for the drug is largely, if not entirely, dissipated after a few days.—DR. H. A. HARE, in *Phil. Med. Jour.*

Uterine atony with suppression of the menses and sterility is directly relieved by aletris.—*Summary*.

If anemia appears in children, be apprehensive of arrested development and possible rachitis.—*Summary*.

RHEUMATIC GOUT.

Dr. Jonathan Hutchinson says, in the February *Polyclinic*, that he knows of no remedy so effectual in getting rid of irritability and synovial infusion, in connection with rheumatic gout, as the salt pack. This consists of flannel soaked in a saturated brine of common salt, which is wrapped around the affected joint, covered with oiled silk and a bandage, and kept on all night. It should be applied every night until the cure is effected.—*Brief*.

HOSPITALS FOR CONTAGIOUS DISEASES.

The board of estimate having placed half a million dollars at the disposal of the Department of Health of New York City for making improvements in the facilities for taking care of patients suffering from contagious diseases, the department is now busily engaged in elaborating plans for the utilization of this appropriation. The sum of \$75,000 has been set aside for the repairs and extension of the Kingston Avenue Hospital, in Brooklyn, and of the Riverside Hospital, on North Brothers Island. The remaining \$425,000 will be devoted to the construction of new hospitals in the Borough of the Bronx, the Borough of Queens and the Borough of Richmond, which are at present wholly unprovided for in this particular direction. In the Borough of Manhattan additional property is to be acquired adjacent to the hospital for contagious diseases at the foot of East Sixteenth street, where separate pavilions will be provided for the sufferers from different diseases. A hospital will also be provided in Harlem. All the new buildings will be fitted up with the most improved appliances for the treatment of contagious diseases and for the prevention of their spread.—*New York Medical Journal*.

TO READ THE TONGUE.

So old a thing as the tongue, and so much studied and from so many viewpoints, still presents to many in our profession a constant source of interest and information. The following are a number of clear-cut indications for reading this most virile organ, and which we credit to the *Journal of Medicine and Surgery*.

"The perfect tongue is clean, moist, lies loosely in the mouth, is round at the edge, and has no prominent papillæ. The tongue may be furred from local cause, or from sympathy with the stomach, intestines, or liver. The dry tongue occurs most frequently in fever, and indicates a nervous

prostration or depression. White tongue is diagnostic simply of the feverish condition, with perhaps, a sour stomach. When it is moist and yellowish-brown, it shows disordered digestion. Dry and brown indicate a low state of the system, possibly typhoid. When the tongue is dry and red and smooth, look out for inflammation, gastric or intestinal. Sharp-pointed red tongue will hint of brain irritation or inflammation, and a yellow coating indicates liver derangement. When so much can be gained from an examination of the tongue, how important it is that the youngest child should be taught to put it out so that it can be visible to the uttermost point in the throat."

BLOOD SPITTING—WHENCE?

M. I. Knapp reports five cases of ulcer of the œsophagus diagnosed as pulmonary tuberculosis. From his experience he believes that the condition is by no means a rare one, and that the physician must be careful before he pronounces a hemorrhage, bright red in appearance and issuing from the mouth, as coming from the lungs: that the physician must never positively assume pulmonary hemorrhage until the condition of the œsophagus has been fully determined.—*Medical Record—Brief*.

HICCOUGHING.

Noir reports an immediate cure of an attack of hiccupping by means of continuous traction on the tongue for one and a half minutes. The patient, a nervous child, had been hiccupping almost uninterruptedly for six hours. She had failed to respond to the various remedies applied, and was greatly exhausted. There was no recurrence.—*Va. Med. Monthly*.

Castanea is advised as efficient in the early stages of whooping cough, controlling paroxysms and reducing the severity of the attack.—*Times*.

EGGS FOR CHILDREN.

In the *Homeopathic Journal of Pediatrics*, Decker, of Buffalo, calls attention to the value of uncooked eggs as food for growing children. Of all the substances found in the animal organism albumen seems to be the one most directly concerned with the phenomena of growth and development. Its value as a food is correspondingly great, and is not sufficiently appreciated. In the artificial feeding of children this should be borne in mind. The white of the raw egg is the most available form in which we can find albumen, and it should be used in the preparation of most of the foods for children. After the regular nursing period it is well to add raw eggs to the milk regularly taken by the child. Free albumen is one of the most easily digested substances and is rapidly made use of by the muscle cells. It is a valuable food for adults as well as for infants, and should be freely given in all debilitated conditions, whether from disease, or exhaustion, or old age.—*Brief*.

WEAK ANKLES.

Wilson's conclusions are as follows: "The natural human foot best performs its functions when it has been freest from restraint. The natural foot can be quickly crippled into inefficiency by high-counters, corset-shoes, arch-raisers, wedges and elastic anklets. The natural foot, when burdened by misapplied mechanics, is rendered weak, and therefore susceptible of sustaining injury, such as sprains and the formation of bunions, flat foot, wobble joints, etc. The natural foot in a constitutionally weak or rachitic child may demand mechanical aids specially adapted to the individual requirements and peculiarities of the case. It is the duty of the medical profession to discourage the indiscriminate use of high-counters, corset-shoes, elastic anklets, arch-raisers, and sole wedging, which are known to be injurious, unme-

chanical and productive of permanent loss of function."—*Brief*.

IMPACTED CERUMEN.

Dr. M. G. Price, of Mosheim, Tenn., recommends in the *Medical Summary*:

R Glycerin, ʒss.
Sodium bicarb., gr. xx.
Aque, ʒss.

M. Sig.: Wash out the ears two or three times a day.

For rectal ulcer the same author advises:

R Fl. ext. hydrastis, ʒij.
Fl. ext. ergot, ʒij.
Fl. ext. hamamelis, ʒij.

Mix one-half teaspoonful of this mixture with one-half teaspoonful of cornstarch, to which add two tablespoonfuls of warm water. Inject into the bowels and retain all night. Repeat each night.—*Bulletin*.

EMBOLISM IN DISEASES OF THE HEART.

Dr. Ginsburg has analyzed 250 cases of different forms of heart disease, with their autopsies. Out of this number he found emboli in 85 subjects: *i. e.*, in more than one-third of the cases. In 56 of these 85 cases there was endocarditis of the left side, remedies the symptoms had almost entirely in 1 a localized endocarditis of the right side, in 16 a double endocarditis, in 5 a myocarditis, and in 6 an hypertrophy with dilatation of the heart without valvular disease.—*Bulletin*.

DEAR DOCTOR:

Enclosed find one dollar, my subscription for the REVIEW. I consider it the brightest dollar journal published.

I. J. WHITNEY,
Unadilla, N. Y.

Apocynum cannabinum in seven drop doses, three times a day, the dose slightly increased, completely cured a case of chronic Bright's Disease.—*Times*.

GELATIN AS A HEMOSTATIC TO THE STOMACH.

Dr. H. C. Wood, Jr., in *American Medicine*, concludes an article as follows:

"1. Pepsin digestion of gelatin does not destroy its coagulating effect on the blood. 2. The resulting product is dialyzable, and therefore capable of absorption. 3. The administration of gelatin by the mouth in the treatment of hemorrhage is, therefore, a rational procedure. 4. Gelatose seems to antagonize, if given in sufficient quantity, the anticoagulating action of peptone."

We have repeatedly called attention to the hemostatic quality of gelatin if brought directly in contact with bleeding surfaces. Given by the stomach or injected *per rectum* it ought to answer this purpose for the control of hemorrhage along the gastro-intestinal tract, being given preferably by the rectum in hemorrhage from the colon, and both ways when in doubt as to its exact site.

PAIN IN THE DIAGNOSIS OF DIGESTIVE DISEASES.

S. P. Scherer (*Med. and Surg. Monitor*) says: In hyperchlorhydria there is pain from two to four hours after meals, burning and gnawing in character; passes away when stomach is empty, is relieved by alkaline medication or albumen food, aggravated by acid fruits, smoking, anxiety, etc.

In ulcer, pain comes on when food is taken into the stomach; tender point over seat of ulcer, and to the left of the twelfth dorsal vertebra. Not so severe when stomach is empty, relieved by orthoform, ten per cent. solution. Pure gelatin should be given every hour for protection to mucosa.

Pain in hypersecretion is paroxysmal, greatest at height of digestion, aggravated by slowly digesting foods. Pylorus is the seat of greatest pain and tender-

ness, frequently confounded with gallstone colic; relieved immediately by lavage, tablespoonful of hot linseed oil is beneficial an hour before meals, to protect irritable pyloric orifice.

Pain in myasthenia gastrica is not severe unless associated with hypersecretion. More of a full, heavy feeling, increased by eating or drinking, splashing sound well marked soon after eating or drinking. Stomach feels well when empty. Give mechanical support to abdominal walls, food finely macerated, not over forty-five ounces liquid in twenty-four hours, intragastric faradic currents.

Pain in cancer is constant or paroxysmal, influenced by the pathological condition; more severe when stomach is full of stagnating food. Sharp, lancinating in character, may follow around the course of intercostal nerves; patient constantly aware of some serious disturbances, rapid emaciation; relieved temporarily by opiates.

In hyperasthenic gastritis, pain and tenderness are over entire stomach, aggravated by foods and stimulants, relieved when stomach is empty, aggravated by over-exertion and excitement. Indications: lavage with one-half of one per cent. solution argentic nitrate. Hot applications over stomach after meals; rest.

These diagnostic points are only of importance when taken in connection with careful clinical history, physical and chemical examination of patient, as the symptomatic treatment alone of digestive diseases is usually unsatisfactory, both to patient and physician.—*Brief*.

Nitric Acid For the Voice.—Dr. Bartholow says that failure of the voice from fatigue or simple mucous laryngitis is often wonderfully relieved by a small dose of nitric acid every two hours, well diluted.—*N. W. Lancet*.

SIMPLE METHOD OF FORCIBLE FEEDING.

Dr. I. S. Ivanoff, of Kostroma, recommends the following method for forcible feeding; which he has successfully employed in the case of an insane lady who absolutely refused to take food, in consequence of having some fixed idea on that point. Having seated and steadied the patient, he firmly closes her nostrils by pressure, which causes her to open the mouth for breathing; then he slightly bends the lady's head backward and pours some liquid food into her mouth by means of an ordinary spoon; she appears to swallow without much struggle. The method is said to be very simple, and by far less troublesome and more convenient than the ordinary introduction of a gastric sound through the nose.—*Med. Times.*

ITEMS.

Have you paid your subscription for the REVIEW?

College opens the end of this month with fine prospects.

Dr. Charles Lloyd has opened fine offices at 36 West 93rd Street.

Prepare your papers for State meeting now. Don't wait for cold weather.

The Eclectic Bowling Club has arranged to meet at Allaire's this year.

Book Reviews have been crowded out of this number, but will appear in October.

President Spooner reports one-third of the subscription fund collected, first of September.

The sympathy of college friends is extended to Dr. Mariano Scimeca, who has recently lost his father.

Dr. M. Grant McGinnis has removed from 200 West Eightieth street to 118 West Eighty-second street.

Have you ever used the tonic laxative tablets (formula of Dr. Boskowitz)? They are particularly indicated at this season.

Dr. W. A. Pratt, of Chicago, talks of locating in New York or vicinity. A hearty welcome is assured him by New York Eclectics.

Fourteenth street's energetic female physician has left her practice in the charge of three or four friends while she takes a short vacation in Indiana.

The celebrated electro-therapeutist of Boston, Dr. N. L. Allen, paid us a visit last month. He assured us that Massachusetts has a watchful eye on the College.

The Specific Medication Club of the City of New York opens the season of Medical Meetings the second Thursday in September. Dr. W. L. Heeve, of Brooklyn, is chairman of this meeting.

As the season is at hand when typhoid fever usually prevails, the attention of physicians is directed to the Merrell Co.'s advertisement of Solution Bismuth and Hydrastia, which appears in the September number of the Therapeutic Digest. An article upon this subject, written by Dr. J. A. Knight, of Eatonton, Ga., was published in the Cincinnati Lancet Clinic, a reprint of which will be sent to any physician, upon request, by the publisher of the Therapeutic Digest, P. O. Box 786, Cincinnati, O.

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EDITOR: G. W. BOSKOWITZ, M. D.

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SECRETARY ELLINGWOOD'S REPORT.

We hope every Eclectic physician has by this time received a copy of the powerful address of Dr. Ellingwood, delivered at the last meeting of our National Association. We hope that all who have received it have read it. We believe that it is the most important paper that has been presented at our National for many years, and we cannot, as a school, afford to treat the subject lightly.

"The immediate demand for a perfect organization of the Eclectic physicians of America." Now is the time to organize thoroughly and substantially National, State and local societies; for sure as you delay and remain indifferent to this important duty, the opportunity for organization will have passed, and you will find yourselves "absorbed and annihilated."

This fine report of Secretary Ellingwood brings to mind another phase of this same absorption, so to speak, of our people by Old School friends. But a few years ago practitioners of our School would never have thought of sending a student from their office to any but an *Eclectic* College. Students from irregular or reform physicians were not welcomed in Old School Colleges. But at the present time they are received in almost all institutions without question, and, unless the Eclectic College be just as convenient, just as near home, the student is sent to the Old School College with the thought, that after graduation, he will take up the study of Eclectic therapeutics at home, or take a post graduate course in an Eclectic College. But he is absorbed before he graduates. Eclectic physicians should bear this in mind—that their students can only be taught Eclectic Medicine in Eclectic Colleges.

words are especially full of sadness. I knew him as a student in the American Medical College, where he completed his course in Medicine with that degree of honor and success that characterized all his work in his chosen profession. Dr. Standlee was more than physician. He was a man in the highest sense of the word; a friend to all in distress, whether that distress were the pain of sickness, the sorrow for lost loved ones, or the usual suffering of material environments. Kindness was the distinguishing characteristic of his nature, and no one ever made a reasonable request of him that was denied. His attainments as a student were so high, and his remarkable business acumen so pronounced, that he immediately after his graduation took an important and responsible position among the members of the faculty and officers of the American Medical College of St. Louis. His was the hand that guided the college to success in late years, and his death at this time, when eclecticism in the West needs its bravest and staunchest friends at the front, is a loss nothing short of actual disaster. As dean of the faculty, who can take his place, and carry out the many plans he had in view to improve the college standing, and promote the general interests of eclecticism? Dr. Standlee served several terms as president, then as secretary of the State Board of Health of Missouri, and the State authorities respected his opinions and recommendations whenever expressed.

He was a member of the State Board of Health at the time of his death. His service to eclecticism cannot be overestimated. His good character, representing integrity in its fulness, was of itself a guarantee of the merits of our system of practice; and his hard work at all times in all places made him one of the best known exponents of our cause. He sacrificed his life on the altar of duty; for the sickness that carried him off was induced by hard work; a great part of which did not belong to the legitimate affairs of his profession, but done through the

E. LEE STANDLEE, M. D.

Dr. E. L. Standlee is dead. To me, who enjoyed his friendship for many years, these

promptings of his heart, that made humanity in all its various aspects his especial charge.

JNO. T. SIBLEY.

RUDOLPH VIRCHOW.

Rudolph Virchow is dead. No reader of this journal needs to be informed of Virchow's services to medicine and the state—the latter scarcely less important than the former. How did it come to pass that the weazened, little, old professor ruled as with a rod of iron both the scientific and socialistic thought of the German empire for more than half a century? To the average medical student, of whom we were once, the personal appearance of the great pathologist was anything but prepossessing. He was small, sallow, low-browed, untidy in his dress and person and spoke with a rasping, disagreeable voice that was a cross between a snarl and the whining of a pietist, which emphatically he was not. "Meine Herren," growled out the Geheimrath one dark, stormy, winter morning to a belated group of American students: "Meine Herren, you spend too much time at your prayers. You should have been at your work long ago." Therein lay his credo: No time for prayers, but time for unceasing work—work all day, work before other men were up and work while other men slept, for Virchow had an insatiable greed for work, which he believed, if it were well and faithfully carried out to the smallest detail, would sooner or later bring men into all truth. Add to this absolute fearlessness as to where results would bring him and scrupulous honesty in statement of facts, and it is not difficult to see why Virchow was the only man whom Bismarck ever feared. Rudolph Virchow was the Thomas Carlyle of medicine, and so long as his students live they one and all would gratefully lay laurel and palm upon his tomb and loyally hail him master.—*Marcus P. Hatfield, M. D., in Chicago Clinic—Times.*

TREATMENT FOR RHUS POISONING.

By H. J. BIRKENHAUER, M. D.

Read at September meeting of Specific Medication Club.

The New York Medical Journal of August 23, 1902 contained a series of articles on this subject, in competition for a prize of \$25.00. I was surprised, in reading them over, to find that not one of the writers had advocated the use of Ammonia muriate, in the treatment of this condition. One of the writers mentions it, as some one else having used it; but does not say with what results.

Rhus poisoning produces a severe dermatitis, in which the itching is intense, the skin becomes red and puffed up, and bullæ form containing a fluid, which, when applied to a healthy portion of skin spreads the condition. One case I treated comes to my mind, where the entire body, from the crown of the head to the soles of the feet, was covered with these bullæ, some of them as large as a hand; this was the worst case I ever saw. The case readily improved under the treatment which I will give further on. The general appearance of a case of Rhus poisoning is very similar to that of Erysipelas.

The dermatitis due to poisoning from the Rhus plant is produced by Toxicodendric Acid; a volatile substance, contained in the leaves and berries of the plant. As it is an acid substance which produces the irritation, it would seem very plausible that an alkaline substance should counteract the irritation; as has proven the case, by the results from the use of Ammonia muriate in my hands in these cases.

As a rule the poisoning will be found affecting the exposed parts of the body, as the hands, face, and legs; in those cases where the trunk is affected by the dermatitis, it will be found as a general thing that the case is of several days standing, the affection to the trunk having been conveyed from some other part previously affected.

In treating these cases, I have the affected

part first washed off with soap and lukewarm water; then I have them cover the affected parts with strips of muslin or linen which has been soaked in the following solution:

R Ammonia muriate $\mathfrak{z}\text{iv}$.

Aqua q. S. ad. $\mathfrak{z}\text{iv}$.

The cloths to be kept wet with this solution and covering the part all the time.

I have them take internally the following:

R Ex. Fl. Rhus tox. gtt. x.

Aqua pad. $\mathfrak{z}\text{iv}$.

M. sig. teaspoonful every hour.

Bowels are moved freely with a saline preferably citrate of magnesia.

This treatment has never failed me. The local application is very cooling, and relieves the itching very quickly; as a rule the first application gives relief, and the bullæ shrivel and dry up within 24 hours. If the bullæ are very large, and contain very much fluid, before making the application I just give them a small snip with a scissors, just sufficient for the fluid to escape, being careful to catch the escaping fluid on some absorbent cotton, or some soft cotton or linen cloth, so that it does not touch the healthy skin. After all irritation and inflammation has left the skin, I have my patient take a bath, and then allow the loosened layer of skin to peel off as it will after the new layer has formed beneath.

A few years ago, I read in one of the Eclectic journals, I believe the *Gleaner*, an item recommending the use of the Fluid Extract of *Grindelia robusta* locally in this condition. I tried it with good results, but I must say that I prefer my old standby in these conditions, Ammonia muriate.

New York City.

.. KOLA ACUMINATA.

By W. L. HEEVE, M. D.

Read at September meeting of Specific Medication Club.

The kola nut is the product of a tree whose distribution is somewhat restricted. It grows wild upon that portion of the west-

ern coast of Africa comprised between the Sierra Leone and the Congo or Lower Guinea.

In the social, political, and religious customs of the natives of Africa kola performs an important function. When a young barbarian becomes weary of single blessedness, he sends with his appeal to the chosen one's mother, one or more white kola seeds, and with trembling and anxiety awaits the reply. If the white kola be returned by the mother the youth knows that his suit has met with favor, and at once proceeds to prepare for the wedding ceremony. A red seed, on the other hand, tells him that he is rejected, and after passing a few days or several weeks in humiliation and melancholy he proceeds to select another. Formerly, no marriage gift of the bridegroom to the father would be deemed acceptable for the purchase of his daughter, if a goodly number of kola seeds were not included.

The white kola nut is highly prized by the natives, they believing that it possesses the power of miraculous cures. The presentation of the white nut to the chief of a tribe, by a white man, gives a foreigner great privilege and allows him to trade with the natives to his advantage. The natives wear the kola seed about their necks as a religious emblem. No treaty is signed unless presented with a number of white kola nuts, signifying a peace offering.

The therapeutical action of kola is accredited to its active constituents: Caffeine. Theobromine, Kola-red, and Tannin. Much that is claimed in the therapeutics of kola are both sophistical and chimerical. About seven years ago several pharmaceutical firms flooded the market with different kola preparations, and tried to force the profession to accept kola as a "cure all," but to-day its field of usefulness is limited.

When the chemists analyzed kola and found it rich in caffeine, the profession discarded the use of kola preparations, using caffeine instead, as it seems more rational to give a definite amount of caffeine.

Kola is highly recommended in diseases of the heart and nervous systems, but the writer has discarded it entirely in diseases of the heart, and makes use of its active constituent when indicated. I shall not take up your time in discussing the action of kola on the heart, as we are all familiar with its active constituent, therefore I will dwell upon its *specific indications*.

During the summer and autumn of '99, I gave this drug a fair trial in the convalescent stage of typhoid fever, and was well pleased with its action. When the temperature has been normal about four or five days, a *mild form of diarrhoea* still persisting, a *weak first sound of the heart* and a *tired, exhaustive appearance* of the patient, then kola is truly indicated and capable of producing rapid results.

In diarrhœal "conditions" so frequent during the summer months, after clearing the bowels of the irritating material, then follow with kola (if indicated as above) and beneficial results will readily be obtained.

Kola is of service in chronic diarrhœas due to tuberculosis, cancer, senility, and marasmus.

This article is short, as my object in selecting its title is to stimulate discussion, and if it is thoroughly discussed by those of you who have had a more varied field of action from this valuable drug, the writer will consider his effort successful.

The late Dr. Armgardt, when lecturing on kola, stated that during the summer while on his vacation, he was in the habit of climbing a hill, and found that by the previous taking of kola he was enabled to climb this hill without fatigue; its action was far superior to quebracho.

Brooklyn, N. Y.

PSYCHO-THERAPEUTICS. REPORT OF CASES.

By J. THORNTON SIBLEY, M. D.

Case I.—A few weeks ago I was called to see a young woman twenty-two years of

age, who was suffering from the effects of a miscarriage that had occurred ten days before. Her friends were much alarmed, especially on account of the flooding that the usual methods seemed unable to suppress. I found her suffering very much. She had lain on her back, without changing her position for more than a week, and of course was suffering agony from this cause. She was taking a teaspoonful of Squib's ergot every three hours, but no opiates. The latter were denied her because her physician thought that the relaxed condition they would induce would augment the flooding. After each dose of ergot she would suffer severe pains for half an hour. She said she felt as if each nerve in her system had a string tied to it, and each string was being vigorously pulled. These pains were so intense that she would scream out at each return. She had not averaged two hours sleep out of twenty-four for the whole ten days. She was about as miserable as any one I ever saw.

I sat down by her bedside and took her hand in mine, and with a few encouraging words prepared her for a treatment by suggestion. As a rule, it is difficult to induce the passive, receptive state when the patient is suffering much pain. This case proved to be an excellent subject, and in a few minutes she became drowsy, and in a few minutes more had entered the stage of deep hypotaxy. I suggested very emphatically that during the night, it then being about 8 P. M., any foreign matter, as clots or shreds would come away and that this would be followed by complete suppression of the hemorrhage; and further, that she would not again feel the effects of the ergot as far as any pain or discomfort was concerned, and that as soon as I left she would fall asleep, and sleep till morning without awakening. I called next morning, and found my patient lying on her side, absolutely comfortable, in buoyant spirits, and hardly recognizable as the pain-racked, despondent

individual I had seen the night before. A few clots and shreds came away during the night, and the hemorrhage was scarcely perceptible. She fell asleep immediately after my departure the evening before and slept twelve hours without awakening a single time. During the day she had taken four full doses of ergot without experiencing the slightest pain after taking it; in fact, she had been and was still perfectly free from pain, from the moment that she closed her eyes during the treatment I had given her. I gave her a second treatment. She went into a hypotaxic state almost instantly, and I gave suggestions of continued improvement. On making my call the next evening I found the flooding entirely suppressed, and the ergot which she was still taking producing no pain. The next day she sat up, and her convalescence was rapid.

Of the many functions of organic life, none is more readily affected through suggestion than the circulation. While hypnosis does not affect the circulation at all, suggestion may modify it materially. The pulse may be made to beat faster or slower within certain limits; and hemorrhage, whether physiological or pathological, can be restrained or augmented by suggestion through its effect on the vaso-motor system. The hemorrhage of surgical operations can be much reduced, and in many minor operations suppressed entirely. So powerful is suggestion in controlling the circulation that in some good subjects hemorrhage may be produced on any part of the skin, occasioning the bloody stigmata that have excited the wonder and awe of the ignorant, and the keenest interest among many scientists.

Case II.—One day a gentleman called at my office to consult me upon a business matter not connected in any way with his health. He walked with a cane, and came up the steps with considerable discomfort. I had known him for several years, and knew that he was a sufferer from rheumatism during that time. He had been treated by the usual methods from time to time, experiencing

some temporary relief. After transacting the business that brought him to my office, he turned the conversation to his afflicted condition, and questioned me concerning treatment by suggestion. I assured him that I had successfully treated cases similar to his own, and with no faith in the treatment but discouraged over his failure to get more than temporary relief from the usual methods of treatment, he decided to try suggestion as a last resort. After a preliminary instructive talk, I had him assume a passive condition, and sought to induce a state of receptivity. He proved to be a hard subject, and after a long, faithful effort he became receptive to a slight extent only. His eyelids became heavy and he could not open them to the full extent. No matter how hard I worked, he remained in this condition of light hypotaxy. Despairing of inducing a deeper state, I suggested that the pain had gone from his limbs, and that he could walk without the use of a cane, and without limping; that he was entirely cured and would never be troubled with rheumatism again. On arising from his chair, he was surprised to find that he had not pain, and that his walk was perfectly natural. I did not see him again for several days, when he called to say that he was well and did not need any further treatment. I saw him occasionally for two years afterwards, and during that time he had no relapse. Some good authorities insist that the deeper the hypnosis, the surer the cure. Some maintain that unless there is a deep state there can be no cure. This has not been my experience. Some of the most wonderful cures I have ever seen wrought through the power of suggestion have been in cases where the patient could not be put in the deeper states. I seldom attempt to produce them; and in many cases it is desirable that they be not induced. Surgical and dental operations usually require the deep state, because analgesia rarely accompanies the lighter states.

Brooklyn, N. Y.

ONE CASE IN SURGERY OF THE RECTUM.

BY CHAS. M. TOBYNNE, M. D.

Read at September meeting of Eclectic Medical Society of the City and County of New York.

I will give the history of one case, though I have had a number with the same pathological conditions, presenting some phase of neurosis.

My patient, a man 32 years of age, came to my office and stated that he had not slept more than a few moments at a time for several nights, that every time he laid down he had to cough, and would spit up a nasty, thick mucous, and also feel as if he could not get air enough to keep alive. He also stated that he had been in the habit of having a passage once a week, and it was eleven days since the last movement; and that when his bowels did move he felt as if he didn't want to have another passage for a year. He had suffered with hemorrhoids since he was fifteen years of age, and his bowels had been irregular all his life. He looked a man past forty and his face expressed continual pain. He was irritable and snappish at all times, and for no apparent reason.

Upon examination I found the entire outer rim of the anus hemorrhoidal, and by the use of a small speculum found just as bad a condition internally and a very tight rectal muscle. Three of the external hemorrhoids were hard and would give the impression of being fibroid and plainly showing scar tissue; the others were soft, congested, bulging masses.

I told him that with such an existing condition I could not give him medicine to cure him; the condition might be paliated, but to be a well man he would have to submit to an operation. To this he demurred very much, as he said he had had several operations, one with the clamp, and again he had had them tied off, and at another time injections were resorted to and nothing had cured him. I explained the operation as I intended to do it, and he concluded to have the work done, although his people tried to persuade him

not to, as some physician had said his lungs were affected and that his heart was very weak and he would surely die on the table from the effects of chloroform.

In preparing him for the operation I gave him the previous evening a cathartic, and also before putting him on the table gave a high enema and flushed the lower intestines very thoroughly. He took the anæsthetic splendidly; his heart gave no trouble. I washed the anus thoroughly, using green soap, and then saturating the parts with ether. I then, with the flat, curved, blunt shears clipped the external hemorrhoids well down to the base, and then with the large sigmoid speculum made several complete dilations, and then clipped the internal hemorrhoids off, also taking out some papilla and several small pockets that were filled with a cheesy mass. While doing the work I had a small stream of a one per cent. salt solution flowing over the parts. After doing the trimming I again dilated with the speculum, and placed a large plug, made of gauze and saturated with a hæmostatic solution, and left this in the rectum until the patient awakened from the anæsthetic, when I then removed the plug. There was slight hemorrhage until the next day and I didn't attempt to check it, as nature will, in such a case, do so without assistance, although if the hemorrhage had become heavy I should have replaced the plug with the hæmostatic until the hemorrhage had ceased. I gave morphine by Hypo to quiet the patient and afterward by mouth to produce constipation. Allowed the bowels to move on the fourth day. This being an extreme case, otherwise I should not produce constipation at all. His bowels are now moving regularly every day. He is eating and sleeping splendidly, does not cough or spit, has gained control of his nerves and now looks younger instead of older than he is, and considers himself a well man.—N. Y. City.

One-half the subscription fund collected and in bank. So says President Spooner.

ORGANIZED WATER AS A FOOD.

JOHN URI LLOYD.

Read before the meeting of the American Pharmaceutical Association, September, 1902.

Some years ago a professional friend declined a dish of soup, stating that he did not care to load his stomach with so much water in order to obtain the trifling amount of nourishment it contained. Shortly after this, the writer listened to an able paper read before the Cincinnati Section of the American Chemical Society on the subject of "Foods," and in this paper was struck by the fact that the nutrient value of the respective foods was determined through consideration of materials absolutely free from water, which brought to his mind the observation of the professional friend before alluded to.

Without a doubt the majority of people accept that the function of water in food substances is that of a solvent only, or as an inactive vehicle provided only to carry food to tissue and bone. They believe that the object of water as a drink is to dilute the fluids, wash impurities from the blood, and carry off worn-out tissue. Water is not seriously considered in the light of an integral part of food by any one, such solid substances as starch, sugar, and nitrogenous and fatty tissues being usually cited as the constructive and heat-producing agents. Our works on digestion and on general physiology state that most foods are three-fourths water, and the human body, bones included, over two-thirds water, but yet consider water irrelevant as a nutrient. The upbuilding and tearing down of tissue, the production of salts and products of disintegration, both normal and abnormal, are studied solely from the basis of molecular change, in which nitrogen, hydrogen, carbon, and oxygen play their respective parts as such.

With this thought in mind, let us for a moment consider the part of water as an organizing structural agent in certain salts,

because many inorganic crystals depend for their form and structure on water of crystallization. But, it may yet be argued, after having gone through the list and studied their various departments, that crystals are dead structures; organic bodies are now the subject of discussion.

Take, then, the jelly fish, that transparent, quivering, vitalized something, shaped after laws as uniform in action as a mathematically-made creation can be. It possesses the power of voluntary action, and lives upon structures seemingly much higher in life's scale; has the power of attacking the higher animals, and possesses in itself an individuality that renders it a living, moving creature. On being dried it almost disappears, leaving a film of varnish possessed of so little solid matter as to disturb the thought of one who attempts to argue that the water of this creature is simply water of association, devoid of any other quality than that of ordinary water.

Consider some species of fungi that spring up in a night and in the sun the next day dry to bare fragments of themselves. In their natural condition these water-structures partake not only of the attributes of their respective species, but are most marvelously exact in every detail, possessing qualities that seemingly forbid the thought that the great mass of water present is simply a carrier of insignificant amounts of solid matter.

The cabbage, the apple, the fruits of our orchards, the vegetables of our gardens, contain in all cases an enormous amount of water, if we consider the fluid part of the mysterious liquids present in vital juice and organic structure as simply water. Here we are confronted with conditions in which relationships between the large amount of water and the small amount of solid are such as to tolerate the view that this water of combination may be a something very different from pure water, or water obtained by tissue destruction. With such complex examples in mind, we are led consistently to

inquire whether such dishes as soups and other aqueous liquids, and water-bearing or water-assimilating foods, can, as tissue-feeders, be in themselves anything beyond simple solutions of solid matters in water.

In order to make a nourishing soup it is not alone necessary to mix water and solid material. Good soup of complex composition requires for its production a certain amount of manipulation, such as boiling, seasoning, and cooking. These processes are purely physico-chemical, and productive of numerous dissociation and combination products.

The question is, has the water that is used in the making of a soup, by the action of heat, simply dissolved certain salts and tissues, or has it combined with organic constituents in a way that will make a nourishing liquid, or a series of water combinations, in which water exists, it is true, but with altered qualities?

Nitrogenous food becomes a supporter of nutrition in a manner impossible in a case of pure nitrogen, which is not available as food and cannot be assimilated as such. Carbon, as carbon, pure and simple, is useless as a food. Hydrogen serves its purpose as a food only when in combination. These three bodies are constituents of food, and when obtained by destruction of flesh and fat, are cited by food theorists as a basis for calculating food values. Yet in a state of isolation, they are not available as foods. Only when combined with water, or by means of water, do they become tissue-builders or heat-producers, and of this fact the analyst takes no account whatever beyond a bare reference to the presence of water as such. However, the object of the writer is not in any way to oppose the work that has given us the values of these elements as such, in nutrition. These investigations need not be disturbed, nor need the vital importance of these elements, even if full credit be given the province of the water molecule.

Nations widely separated may thrive upon food structures unknown to each other, but

never does man or animal dispense with water of combination, and most animals must drink water as well as eat it. This fact of observation brings us to the question before intimated, as to whether it is possible for liquid foods or foods hydrated during the process of mastication and digestion, to be possessed of chemical characters as yet outside the equation of our known chemical equivalents? In other words, do undetermined molecular combinations that ensue during cooking, as well as mastication, create complex, nutritive water structures, capable of carrying their qualities to the tissues they finally reach and nourish by reason of their easily alterable structures?

We call water driven off in the drying of fruit or food of any kind, water of separation. May it not be rather the result of structural molecular decomposition? In the cooking of dry foods we not only change their structures as regards relationships of solid constituents, but add thereto the qualities that combined water gives under conditions as yet obscure. The same is true of vegetables and fruits. Should we not look on such water, necessary as it is to life, digestion, and tissue replacement, as an integral part of food, instead of simply a carrier of food? It is indeed probable that the student of dietetics must soon broaden his field and consider foods in their structural entirety, rather than from their analytical created ultimates. The method of the analyst now is to first kill the animal or vegetable, then destroy the tissue, then disrupt the molecules. The final result gives him inorganic elements and a few characteristic chemical structures, on which he bases his tables concerning food valuations. Is this just, in the light of what we know concerning the province of vitalized structures as a whole; is it rational, in the light of what we know concerning the worthlessness of chemical elements in foods? Is it not more rational to accept that the exceptional value of albumen and other nutrients, as typical foods, rests on the water compounds so

nearly in accord with tissues craving just such vitalized water-bearing structures?

But to pass to a point beyond molecular water itself, which in both crystal and colloid tissue is capable of expulsion by dessiccation. When organic matter is perfectly dried, a considerable portion of the residue is found to be composed of elements that might have been derived from, or subsequently might be combined into water. Take from desiccated tissues the elements that might have come from water dissociation, and comparatively speaking, we have but a small amount of residue.

Consider the soups, custards, gelatin, pies, fleshs, fish and fruits of all kinds, and even bread, which contain in themselves enormous amounts of water, in most cases the larger share of their weight being water, and observe the composition of the solid materials that remain after they are dried. These, too, are found to be made up of elements that in themselves may have been derived from water—fragments, we may say they are, of broken water molecules.

Consider the carbohydrates, dry as dust, sugar being typical of these, in which the elements of water are combined with carbon in the very proportions necessary to form water. The largest amount possible of a water-producing compound (pulverulent water), is here artfully stored in contact with the great combustible carbon. We have series of food solids, differing only in the proportion of water present (sugar, starch, glucose, etc.), and that many combinations of one substance and water in different proportions exist, is shown when we consider series of hydrated salts exemplified by such bodies as the crystalline manganese and sodium sulphates, etc., etc. We should not suspect that such have an existence but for the fact that as definite water compounds, they assume a visible form and become sensible to sight and touch. But of the liquid outreaches connected with changes in colloidal metamorphosis, we know next to nothing. If this shading of compounds,

differing only in water compounds, is true of such elementary salts and solid foods, may not water be combined in an untold number of liquid organic structures that are as yet invisible, uncrystallizable, unreachably to our senses as organized bodies?

But enough for the present. In a time to come it may be clearly seen that students of food and digestion have not given sufficient prominence to the one thing that supports life, governs life, nourishes life, that feeds all structures, that constitutes the larger share of all organic tissues, but that strangely enough in itself is now viewed as a carrier only of something else.

We feel justified in anticipating that the immediate future will give a more extended view than the circumscribed atomic theory affords, which to this date, as a stepping-stone, has served the world well. Shall we then perceive that the vitalized water of organized water-bearing foods, and the combined water of such foods as carbohydrates and fats, are the foundations of the real foods for tissues, affiliating other materials, such as nitrogen, carbon, hydrogen, necessary in their field, but subject to the dominating agent, water? Organic chemistry has been defined as a study of the migrations of the carbon atom. May we not anticipate that organic structures will then be defined as products of the migration of the water molecule?

Possibly the makers of food products of the future will give less attention to analytical values concerning dead elements and more to vitalized and vitalizing structures in which available water is conspicuous. Possibly it behooves us even now to ask if a closer inquiry into the water molecule, *the vitalized or easily vitalized water molecule* and its many shadings, may not open up a field for the construction of more rational food products.

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HISTORY OF THE BEACHONIAN DISPENSARY.

By S. R. SHULTZ, M. D.

I am not here to-night to speak on anything relating to the science or art of medicine proper, but on the experience of myself and colleagues in the administration of the Beachonian Dispensary.

Most of you here to-night have not heard of the existence of this institution and therefore I will just give a history and description of the same. Drs. Bernstein, Graf, Moshkowitz, Turkel, Herzog and myself conceived the idea of establishing a dispensary on the East Side. We succeeded in interesting some laymen and raised about one thousand dollars with which we fitted up the institution. We obtained a charter from the Board of Charities, rented a house suitable for our purpose, bought the necessary furniture, instruments and drugs, engaged a pharmacist and registrar as required by law.

We arranged six divisions of service, namely, internal, surgical, children, gynecological, eye, ear and throat and genito-urinary and skin diseases. We have an office and waiting room for each department, a general waiting room, a separate drug department and rooms for the clerk and matron.

On the first of June, 1902 the dispensary was opened, and during the first month we treated 480 patients, as follows: Internal, 110; surgical, 100; children, 110; eye, ear, nose and throat, 90; gynecological, 40, and skin and genito-urinary, 30.

During the month of July we treated 957 patients, of which there were: Internal, 230; surgical, 210; children, 235; eye, ear, nose and throat, 157; gynecological, 75, and skin and genito-urinary, 50.

During August we have treated 1,290 patients, which were: Internal, 321; surgical, 230; children, 359; eye, ear, nose and throat, 231; gynecological, 110; skin and genito-urinary 39.

These statistics show the steady increase

of patients we are having from day to day, week to week, and month to month, and the time will come, and very soon, when we will be over-crowded and not be capable of handling as many patients as will apply for treatment.

The clinical material furnished by the Dispensary is so vast and varied that it is of great value from a scientific and practical standpoint. In my own departments, surgical and gynecological, the knife is used freely, and while we strive to do the best possible for our patients, yet we constantly have one object in view, and that is to learn, and the doctors and students who have worked in Beachonian Dispensary have gained a great deal of practical knowledge, and made many scientific experiments.

The eye, ear, nose and throat department presents, perhaps, the greatest variety of cases, and is over-crowded, Dr. Herzog alone having treated 34 cases at the last dispensary day. The internal is a very interesting department from a student's standpoint. There we have a chance to learn how to diagnose and at the same time treat according to Eclectic teachings, and right here let me say that the methods used and drugs employed are those taught and recommended by Eclectic teachers, and that the object of organizing the Beachonian Dispensary is to help the poor in the crowded East Side neighborhood to the benefits of the Eclectic practice.

The purpose of this paper, doctors, is not to advertise the Beachonian Dispensary, as we are not looking for any donations, influence, or, in fact, any favors at all, for the dispensary maintains itself with its own income; the object is to call the attention of our fellow Eclectics to this wide field of work and that they open institutions of this character. We need one or two Eclectic hospitals, and we need a few more Eclectic dispensaries, and it is, in my opinion, the easiest thing in the world to establish some. If you put your shoulders to the wheel and do something we all will profit. N. Y. City.

ECLECTICISM.

ECLECTIC MEDICINE.

Translated from the Italian Journal "Il Progresso."

As human thought progresses, so a parallel progress of law, religion, politics and science,—these manifestations of human thought, should be expected.

Yet in a great many cases, through the natural inertia of the people on one side and the interests of the governing powers on the other, or possibly for different reasons, neither law, nor politics, nor science keep step with the new needs, aspirations, and ideals of a race, and then it is generally left for a few men who are independent thinkers and have the courage of their convictions to proclaim the necessity for reform, and to show the masses what reforms are necessary.

That this is true has been abundantly proven, not only by the history of Rome and Greece, but in the history of each country.

Thus Luther and Calvin established in the fulness of time great religious reforms; thus Montesquieu, Voltaire and Diderot acted as a Triad in reforming European politics.

Science, which was bound down by the tenets of creed, also, however, found its men who freed it, even as the shackled slaves were freed in this glorious country but a few years ago; and Bruno and Galileo became the martyrs who proclaimed and demanded the right to free thought in scientific matters.

And as reform invaded law, religion and politics; as reform invaded science, so, also, medicine, this child of science, was bound to be benefited by the thoughts of men who discovered that it was suffering from shackles which had been tied around its arms by men who had followed the teachings of their fathers, without investigating the reason and truth of such teaching.

Thus the two schools of medicine, the Hippocratic, or Allopathic, and the Hahne-

mannian, or Homœopathic, were taken in hand and investigated by men who had discovered that neither was resting on that solid foundation of investigation and research which alone entitles science to that veneration in which it is held.

These men, whose motto was independence in medical investigation and practice, founded a new school of medicine, based on nothing else than scientific facts, hard reasoning, and the study of nature. This new school of medicine was called the Eclectic, or American School of Medicine.

Naturally the Eclectic School of Medicine was attacked by the other schools, even as Galileo was attacked by the Inquisition; yet even as he threw in the teeth of his torturers the words: "And still she moves," so Eclectic medicine has not only steadily maintained the truth of its assertions, but has from year to year gained followers, not only among the laity, but also among physicians from both the Allopathic and Homœopathic Schools.

While it was not so many years ago that it was hard to find followers of the Eclectic School of medicine in the smaller cities of the United States, statistics show now that there are already over ten thousand Eclectic physicians practicing all over the United States, and this number is steadily increasing.

At present Eclectic physicians hold high positions not only in medicine and surgery, but they are looked up to in all branches of government and society.

The Eclectic School has been honored by a great many illustrious names, who have studied the nature of vegetable remedies, and have given to the world a new *materia medica*.

(The writer here speaks in words of praise of the Eclectic Medical College of the City of New York; and although we agree with him fully in what he says, our natural modesty prevents us from printing it).

Among Eclectic physicians who practice their chosen profession in the Italian Col-

ony of New York City are such well known names as Saladino, Lamberti, Felitti, Fusilli, and Scimeca. All these are graduates of the New York Eclectic Medical College, and enjoy the respect and confidence of their compatriots.

The Eclectic physician does not slander anybody. He rejects the bad and improves on the good; but such are his high principles that he is always ready to assist with a helping hand and with his good counsel physicians of all other schools.

True to himself and to others, devoted and grateful to his alma mater, he acknowledges the honest, incessant efforts of other schools to develop new methods towards a more exact medical science.

Yet he also demands, and rightly so, that the other schools should acknowledge that Eclecticism has done a great deal to bring medicine to its present pinnacle.

Help nature, choose the best and be loyal. These are the mottoes of every Eclectic physician, and with these words in mind he often accomplishes cures which may indeed seem miraculous.

THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

VERATRUM.

Veratrum viridè is frequently indicated in spasmodic and convulsive diseases, pneumonia, erysipelas, rheumatism, and in the eruptive and malarial fevers. The specific indication is so plain and simple that it cannot be mistaken. In disease strong systemic power is manifested by a full, strong and bounding pulse, and this characteristic pulse constitutes a reliable specific indication for *veratrum*. Whenever called for by a full and bounding pulse this drug acts

with a wonderful degree of certainty, and can always be relied upon as a means of calming the excited action of the heart, lessening the frequency of the pulse, controlling the temperature and subduing the fever. When indicated by the full and bounding pulse it is the ideal sedative in inflammation of the respiratory organs or of the serous tissues. In pneumonia, pleurisy, and peritonitis it is many times a most useful remedy, and it is also frequently needed in erysipelas and many other inflammatory conditions. In fact, it is indicated in all forms of disease, regardless of the name or location, when there is a quick, full and bounding pulse. In the early stage of typhoid fever while the pulse is strong and full, *veratrum* will do much toward staying the inflammatory processes and checking the force of these dangerous lesions. It is not a specific for any disease, but it possesses specific therapeutic properties in which great confidence can be placed whenever called for by the characteristic pulse referred to herein.

In febrile diseases the first noticeable effect of small doses of this medicament is a softening of the pulse, then the skin becomes soft, and the pulse becomes less frequent and regular. When employed in the large doses necessary in puerperal convulsions the pulse at first sinks considerably, but as soon as vomiting occurs it comes back to the normal standard. I have used the drug for many years in eclampsia and believe it to be our most efficient remedy in this alarming condition. In this affection ten to fifteen drops of the specific medicine (or a good fluid extract) hypodermatically administered constitutes an approved initial dose. In some cases it may be necessary to repeat this large dose, but five drops repeated as the severity of the case requires will usually control the convulsions after a single dose of ten or fifteen drops has been employed, and keep the pulse down to sixty per minute. A single dose of ten drops is more effective than several doses of five drops

each. The necessary dose may be repeated every hour, or more frequently if the case demands it.

In intermittent and remittent fevers the specific indication for veratrum is frequently met with. It is also to be seen in many cases of rheumatic fever, and under such circumstances it is our best antirheumatic, and will not only break the fever, but it will also arrest the excessive symptomatic sweats which arise from capillary congestion.

The dose of specific veratrum (or a good fluid extract), when a forcible effect of the drug is desired, is from two to three drops. In convulsions the dose may be increased to fifteen drops. Usually the best results are obtained by prescribing the remedy as follows: \mathcal{R} Specific veratrum, gtt. x to xx, water, \mathfrak{z} iv.; teaspoonful every hour.

SAW PALMETTO.

Because a few cases recover from an illness after taking a certain drug, it does not necessarily follow that the medicine was the curative agent. Many patients recover without medicines. It is well for the young doctor to remember this fact when reading of the wonderful powers attributed to saw palmetto. No doubt saw palmetto has a curative influence in wrongs of the prostate, and possibly, it may promote the growth of the mammary glands, but my experience with the agent does not tend to sustain the statements, so frequently made, that it markedly increases sexual power. If any such increase of power has been observed during or following its administration, was the increase greater than would naturally result from the prostate being brought nearer to a normal condition? On several occasions I have prescribed the remedy for men in middle life, whose sexual powers had become enfeebled, in doses ranging from the infinitesimal to the heroic, but without any improvement taking place which could be honestly attributed to the influence of the medicament. As a remedy in catarrhal condi-

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tions of the mucous membranes saw palmetto is undoubtedly worthy of further study. Doctor, try it along this line, and report the results obtained.

POISONING.

(Continued from page 260.)

ACID, NITRO-HYDROCHLORIC—NITRO-MURIATIC ACID.

Diagnosis.—The symptoms of poisoning by this acid are cauterization of the mucous membrane of the mouth, very distressing cough, vomiting, by which the contents of the stomach are first rejected, then a viscid mucus streaked with blood and often containing coagula of blood and bloody membranous substances. The epigastrium is swollen, tense and tender, there is abdominal pain and tenderness when pressure is made, and there is purging accompanied by tenesmus and bloody dejections. In addition to the local effects, the pulse is rapid, there is extreme prostration and the entire body is covered with a clammy sweat.

Treatment.—The antidotes to this corrosive poison are calcined or carbonate of magnesia, or a solution of the carbonate of sodium, or bicarbonate of sodium, and lime water. One of these should be given immediately, followed by milk, gruel, oils or mucilaginous drinks. In case none of the foregoing antidotes can be at once obtained, give oils, glutinous or tenacious drinks, which act by enveloping the poison.

ACID, OXALIC.

Diagnosis.—This corrosive vegetable acid is frequently used as a poison, and as a result of its resemblance to Epsom salts, it is occasionally taken by mistake. The fatal dose is not usually less than half an ounce. It is rapidly fatal, one death being recorded which occurred within three minutes of the time of swallowing the poison. This acid produces severe burning pain in the stomach,

and usually (not always) immediate vomiting of strongly acid matter of a dark-brown color, a sense of constriction about the throat, or suffocation, great pain and loss of strength, feeble pulse, cold clammy perspiration, and convulsions which terminate in death. If the dose taken has been very large, death may take place from utter collapse.

Treatment.—In the treatment of poisoning by this acid many authors claim that the stomach pump should never be used, while others advise its immediate use. Lime in any form is the antidote. A creamy mixture of prepared chalk, in doses of from a tablespoonful to half a teacupful, every ten minutes, or chalk, magnesia, whiting, the plaster of the room or mortar of any kind, suspended in water or some mucilaginous fluid, should be promptly given. A solution of ferrous sulphate may also be given. In giving emetics, large quantities of fluid should be avoided, as they favor absorption of the poison. Soda, potash (or their carbonates), and other alkalies must be avoided, as they form injurious salts with oxalic acid. When there is a tendency to collapse heat, and stimulants per rectum, should be resorted to.

ACID, SULPHURIC—OIL OF VITRIOL.

Diagnosis.—This heavy, oily-looking liquid is frequently used as a poison, and is not infrequently thrown over persons, for the purpose of disfiguring the face or destroying clothing. The part of the body with which it comes in contact is at first stained white, and afterwards a dark-brown or black color. The smallest quantity which has caused death in the adult is one drachm, but cases are recorded in which recovery took place after two ounces of the acid had been taken. Sulphuric acid, however, may cause death without the substance entering the stomach. It may act on the respiratory passages, causing closure of the glottis, or destroying the lining membrane of the air passages. During life poisoning by this acid is shown by the appearances and symptoms:

The lips and mouth are stained brown usually, but the mouth may be white at first. If a spoon or the neck of a bottle has been used, there may be no evidence of the poison in the mouth. Pain comes on as soon as this poison is taken, and extends from the mouth to the stomach. There is usually vomiting of shreds of mucus, altered in color, and coffee grounds-like matter (mainly more or less altered blood) and great prostration. Death from shock or asphyxia may occur within twenty-four hours.

Treatment.—The stomach pump should not be used in the treatment of poisoning by sulphuric acid, for, as this acid causes a considerable softening of the tissues, the use of the stomach pump might result in perforation. Powdered chalk, whiting, or powdered plaster may be given in milk or water. Linseed tea, barley water, oatmeal gruel, and diluted starch also do some good. Mixtures of carbonate or calcined magnesia, and a solution of the carbonate of sodium or bicarbonate of sodium, in milk or water, are also indicated.

ACID, TARTARIC.

Diagnosis.—This acid is not a corrosive, but it has destroyed life, and cases of poisoning by it are reported. The symptoms are intense pain and burning sensations in the throat and stomach.

Treatment.—The carbonate or bicarbonate of soda, calcined or carbonate of magnesia, mixed with water or milk, should be given at once. Mucilaginous drinks should also be freely given.

(To be continued.)

PHYTOLACCA.

The following abstract is taken from Dr. Fyfe's *Materia Medica and Therapeutics*, published by The Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio:

This is one of our most valuable remedies in tonsillitis, diphtheria, parotitis, threatened abscesses of mammary, parotid and submaxillary glands, fatty degeneration of

the heart and rheumatism. All diseases of the glandular organs, periosteal, fibrous and cutaneous tissues come within the range of its curative power. In fatty degeneration of the heart the extract of the berries is said to be the most efficient preparation of the drug. Six grains is the dose usually employed.

Phytolacca Decandra is alterative, diuretic, laxative, resolvent, antiscorbutic and antisyphilitic. In large doses it is emetic, cathartic and narcotic.

Indications.—Enlargement, inflammation or pain in glands; mucous surface of the fauces full, of dark color, the tonsils swollen, throat dry, or covered with patches of tenacious secretion or ash-colored exudation; depressed function or imperfect secretion; fatty degeneration of the heart. Locally: threatened abscesses in glands.

Dose.—Fluid Extract, 10 to 30 drops; Specific Medicine, 1 to 10 drops.

Usual Prescription.—℞. *Phytolacca*, gtt. x to xxx, Water, ℥iv. M. Sig. Dose one teaspoonful every hour.

DIGITALIS.

In referring to his treatment of phthisis pulmonalis, Prof. A. Jacobi speaks of digitalis as follows:

"The local and general effect of digitalis are invaluable in all stages of phthisis. While, however, they may relieve in the last, they are a healing element in the first stages; the congestive and nutritive changes constituting the preparatory and, in part, the advanced stages of consumption are favorably influenced. I seldom treat a case of pulmonary tuberculosis without it. Very little care is required to avoid disagreeable results. Cumulative effects are either the consequence of excessive or too frequent—unnecessarily frequent—doses, or of the selection of improper preparations. Such, however, as are soluble in water with difficulty ought not to be used, for it may happen that, having been inert for some time, a large

amount may enter the circulation at once. Particularly is this true of digitalin, which is by no means a soluble alkaloid, but a crystallizable glucoside of uncertain strength. The digitalins of different manufacturers yield widely differing results; the majority require immense doses compared with the dictates of the books in order to exhibit a perceptible effect. I use the infusion, the tincture, the fluid extract, and the solid extract. Their relative values I do not desire to discuss, except in regard to their advisability in phthisis, and the possibility of continuing them for a long time. Patients of that class we see from time to time only; they require advice and prescription for protracted periods. As a rule their digestive organs are amongst the first to suffer; indeed, many an alleged dyspeptic patient is afflicted with gastric disturbances first, and has his attention drawn to the lungs by his physician, who discovers the cause of his gastric catarrh in the retarded circulation of heart and lungs."

COCAINE.

Cocaine is a local anæsthetic of varied usefulness when applied to mucous membranes and other absorbent surfaces. The amount applied at one time should not exceed one grain. As the effect of cocaine when applied to the skin is not marked, a ten to twenty per cent. aqueous solution should be subcutaneously employed in cases requiring its influence over parts covered by skin. The amount of the drug used as a subcutaneous or submucous injection at one time should not exceed one-third of a grain. A one to ten per cent. aqueous solution may be employed as a local anæsthetic or subcutaneous injection. In making solutions of cocaine, the drug may be dissolved in glycerin, and sufficient water then added to make the required strength.

When using cocaine the fact that alarming symptoms may arise from very moderate doses should be ever borne in mind, and the possibility of establishing the cocaine

habit should never be overlooked. A long-continued use of this drug may destroy both physical and mental power.

Dose.— $\frac{1}{4}$ to 1 grain.

Usual Dose.—1-6 of a grain, in solution, three times a day.—*Abstract from Fyfe's Materia Medica and Therapeutics.*

A doctor located in a town not far from the southern part of Connecticut, recently failing to cure a patient of a urinary trouble, told the woman that his lack of success was owing to the injury caused in her last labor by forceps in the hands of her former attendant. When she told him that no instruments were used, and that the labor was an easy one, he replied: "Oh, yes; forceps were certainly used. You probably did not notice what the doctor was doing. He could *slip them in* without your knowing anything about it!" This same man told an ignorant German woman that her former physician had "split her womb into four pieces." Such a doctor must be a low-down sneaking cur.

It is important to have the diagnosis correct, but, after all, it is the heart that must be carefully studied, and until it actually stops it is never to safe to say positively what is or what will be.

The new work on *Materia Medica and Therapeutics*, by Dr. J. W. Fyfe, soon to be issued by The Scudder Brothers Co., Cincinnati, Ohio, will contain a *Formulary*, by Prof. Boskowitz, which is alone worth vastly more than the two dollars which the publishers charge for the book.

In all our relations with our patients it is the safer and better rule to be very cautious. A good general guards his line of possible retreat with as much care as that of attack.

If you are interested in "Gomenol," write Charles R. Bard, 81 Fulton street, for samples and literature.

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, on June 18th to 20th, 1903. J. D. McCann, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 9th and 10th, 1903. W. S. Dart, M. D., president; S. A. Hardy, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; H. J. Doll, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Nov. meeting at the office of Dr. M. B. Pearlstien, 309 Hewes street, Brooklyn. A. L. Palmitier, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. W. J. Kraus, M. D., secretary.

THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Boston District Eclectic Medical Society was held Tuesday evening, September 17th, at the "Thorndike."

The unavoidable absence of our essayist, Dr. E. H. Chamberlain, necessitated a change in our program, and an exceedingly interesting and profitable discussion upon "Old Remedies" filled the evening.

Dr. C. Edwin Miles spoke concerning the use of *Scutellaria* and *Piscidia*—Jamaica Dogwood—in nervous conditions. He had been using them quite extensively of late with good results when the more modern drugs had failed. He also spoke of the wide usefulness of *Lobelia*, and insisted that the tincture of the seed be invariably used. He said that it could be distinguished by the fact that when dropped into water it would turn it of a whitish color.

Dr. Dickins referred to the use of the *Piscidia* in acute muscular rheumatism, citing cases where it had given great relief. He also spoke of the use of *Syr. Michellæ Comp.* in cases of pregnancy, and the wonderful results he had obtained. He cited one case where a woman had had three abortions, and consulted him during a fourth preg-

nancy. She desired something to produce an early abortion, as she was convinced that she could not go to full term, although she would be much pleased with such a result. He prescribed the *Syr. Michellæ Comp.*, which was taken during the period of pregnancy. She not only was delivered of a child at full term without difficulty, but has since had four others without any trouble.

Dr. Miles corroborated the experience of Dr. Dickins in the use of the *Syr. Michellæ Comp.*

Dr. Howes said that for a long time he had made a practice of giving his obstetrical cases medicine during the last three or four months, for the purpose of producing a more easy labor. He had made use of the Tinctures of *Michellæ*, *Macrotys*, *Helonia*, *Caulophyllum*, and *Pulsatilla* in such cases, giving those which he thought each case demanded. The *Michellæ*, however, was the basic medicine in all instances. He was positive that the medicine had produced good results.

Dr. Forbush referred to *Hyoscyamus* as being one of the best nervines of the *Materia Medica*. It was far superior to the *Bromides*, and many other drugs so frequently given in nervous conditions. It worked especially well in children. He prescribed it with glycerin and water—adding 1 to 3 teaspoonfuls of glycerin to 4 oz. of water—so that his patients would get 3 to 5 gtts. of fluid extract at a dose—children in proportion to their age. He gave teaspoonful doses once in two hours.

He spoke of the use of *Hyoscyamus* in the peculiar headaches met during the menopause. He gave 3 to 5 gtts. of *Hyoscyamus* with 1-5 gtt. of *Veratrum* in water once in three hours.

He referred to the use of *Hyoscyamus* and *Passiflora* in those nervous children where it was hard to get the necessary amount of sleep. He used *Hyoscyamus* 1 gtt., *Passiflora* 5 gtts., in water and glycerine once in three hours.

For menstrual derangements he used *Viburnum*, *Hyoscyamus* and *Veratrum* with the best of results. His proportion was as follows: To each dose of *Viburnum* 5-15 gtts., *Hyoscyamus* 5 gtts., *Veratrum* $\frac{1}{4}$ -1 gtt., repeating every hour. He also referred to his use of *Hyoscyamus* and *Echinacea* in the treatment of typhoid fever, especially where there was much dyscrasia, and restlessness.

Dr. Howes said he was sure that *Hyoscyamus* was not used as much as it should be in our treatment of nervous difficulties. He spoke of combining gelsemium with the *Hyoscyamus*, thereby increasing the action of both remedies. He usually added *Tinct. Hyoscyamus* 15, *Gelsemium s.s.* 5, *Aqua* iv. 5, and gave drachm doses every 1, 2 or 3 hours as indicated.

Dr. Miles had not used *Hyoscyamus* very largely. He was glad to have heard this talk on the drug. He should certainly prescribe it more freely in the future. He spoke of his use of *Avena Sativa* and *Ignatia* as a nervous tonic. He prescribed *Avena Sativa* xiv. 5, *Ignatia* ii. 5, and ordered 10 drops to be given four times a day. It had served him well.

Dr. Howes spoke of the use of *Dioscorea* and *Colocynth* in all conditions of the stomach and bowels that was accompanied with much flatulence. He gave *Dioscorea* i. 5, *Colocynth* 2-5 gtts., *Aqua* iv. 5; dose 15 every one-half hour, or every hour, according to the severity of the case.

Dr. Miles referred to his use of *Collinsonia* in minister's sore throats, or all those conditions when there was a roughness or huskiness of the voice. He also spoke highly of *Hamamelis* in the treatment of hemorrhoids.

Dr. Forbush, speaking of *Digitalis*, said it was overestimated, and very unreliable as a heart tonic. It was not cumulative unless acidity was present. He also advised the use of *Helonias*, *Apocynum*, and *Veratrum* in interstitial Bright's disease.

CONNECTICUT ECLECTIC MEDICAL ASSOCIATION.

The forty-seventh semi-annual meeting of the Connecticut Eclectic Medical Association will be held at the Allyn House, Hartford, on Tuesday, October 14, 1902, commencing at 10 A. M.

The officers of the association are: President, Thos. Mulligan, M. D., New Britain; vice-president, R. E. S. Hayes, M. D., Hazardville; treasurer, LeRoy A. Smith, M. D., Higganum; corresponding and recording secretary, Geo. A. Faber, M. D., Waterbury. Censors.—Thos. S. Hodge, M. D., Torrington; Lottie M. Moriarty, M. D., Meriden; Geo. B. Bristol, M. D., Middlebury; E. M. Ripley, M. D., Unionville; LeRoy A. Smith, M. D. Higganum.

Order of business.—Reading of the minutes of the preceding meeting; president's address; reports of committees; proposing candidates for membership; reading of papers and reporting of cases; miscellaneous business; reading of minutes for correction and approval; adjournment.

GEO. A. FABER, M. D., Secretary.

KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Kings County Eclectic Medical Society was held at the office of Dr. M. B. Pearlstein, No. 309 Hewes street, Monday evening, September 15th. There was a large attendance.

The minutes of the last meeting were read and adopted.

Dr. C. M. Ballard read a paper entitled, "Can we positively diagnose early pregnancy?" It was short and concise, and was discussed by the following members: Drs. Burdick, Heeve, Palmitier, Mason, Pearlstein, Nordbrock, and Stoesser. A vote of thanks was extended Dr. Ballard for her excellent paper.

On proposition for membership the society received the name of Jas. T. Burdick.

The doctor was unanimously elected a member.

Under unfinished business the committee spread before the society resolutions in memory of our late president, Dr. D. N. Brown.

On motion the resolutions were spread upon our minutes.

On motion the society accepted the offer of Dr. Pearlstien to meet at his office until the annual meeting.

Dr. Jas. T. Burdick then brought up the subject of an Eclectic Hospital in Brooklyn. The members were delighted with the idea, and will take action upon the subject at the next meeting.

There being no further business the society adjourned to meet at the office of Dr. Pearlstien, No. 309 Hewes street, Monday evening, October 20th, 1902. Dr. J. A. Nordbrock will present a paper entitled "How to prepare for and conduct pregnancy."

A. L. PALMITIER, M. D., President.

M. B. PEARLSTIEN, M. D., Secretary.

THE NEW YORK SPECIFIC MEDICATION CLUB.

The meeting of the club at the College Parlors, Thursday evening, September 11, 1902, looked like real business; as an example of the enthusiasm of Eastern Eclectics in Specific Medication it was a hummer. The meeting had a very large and enthusiastic attendance. Dr. H. J. Birkenhauer read a paper on the treatment of Rhus poisoning, and Dr. W. L. Heeve read a paper on *Kola acuminata*, which were both thoroughly discussed, and, as is usual at these meetings, many valuable points were brought out by the discussions. Dr. W. L. Heeve, the chairman, deserves much credit for the success of the meeting. The Botanical Specimen Cabinet Committee, the members of which have been hard at work to perfect plans for the attainment of the object for which they were appointed, will report at the next meeting, and it will be a report that

will interest all who have the welfare of this organization and the college at heart, and it is to be hoped, therefore, that all such will attend the next meeting and act on the report.

No progressive physician can afford to miss these meetings; time spent in attending them is time profitably spent. Dr. C. M. Tobynne is chairman for the next meeting, and he promises some very interesting papers, so don't fail to attend the next meeting at the College Parlors, Thursday evening, October 9, '02. H. J. B.

ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular meeting of the Eclectic Medical Society of the City of New York was held September 18th in the College Parlors, 239 East 14th street, President Herzog in the chair. In the absence of Secretary Doll, G. W. Boskowitz was elected Secretary pro tem.

The minutes of the previous meeting were read and adopted.

Dr. Boskowitz announced the death of Prof. Virchow, and by a rising vote the society recorded its appreciation of his work and worth, and its sorrow at his loss.

Announcement was also made of the death of the wife of Dr. Yarnall and the father of Dr. Scimeca, and the secretary was instructed to send a letter of condolence to each.

Dr. Herzog proposed the following for membership: Drs. Von Forckenbeck, Fruchs and Turkel. These names being accompanied by the constitutional fee of \$3.00 each, were referred to the board of censors—Drs. Hardy, Herr and Hyde.

Dr. Krausi reported for the committee on secretary's and treasurer's books. The report was received and adopted.

The censors reporting favorably upon the proposed names, the chair appointed Drs. Nilsson and Birkenhauer tellers, ordered a

ballot, and they were unanimously elected to membership.

The President then introduced Dr. J. T. Burdick, of Brooklyn, one of the organizers of our State society, who responded with a speech recounting the history of the pioneers of the State, etc.

The President then introduced Dr. Oscar A. Perrine, who spoke interestingly of the work of the County society and his pleasure at being present.

The President then delivered a short address to the society upon the necessity of organized work, promising good material for each meeting.

The essayists of the evening were then called.

Dr. S. R. Schultz read a paper on "The first six months' work in the Beachonian Dispensary."

The paper was discussed by Drs. Boskowitz, Lloyd and Krausi.

Dr. Tobynne read a paper entitled "One case in rectal surgery," which was discussed by Drs. Hyde, Schultz, Boskowitz, Krausi, and Toms.

A vote of thanks was recorded for both essayists.

Dr. Herzog presented a recent method of obtaining the Hæmoglobin test.

The receipts for the evening were: Dr. Forckenbeck, \$3.00; Dr. Fruchs, \$3.00; Dr. Turkel, \$3.00; total, \$9.00.

There being no further business the meeting adjourned.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

H. E. J.—Having been a constant reader of Eclectic literature for some time, and of the REVIEW especially, I desire to express my commendation of what your School of

Medicine is accomplishing for the advancement of medical science in the treatment of disease. I believe this is being more fully acknowledged by the Old School, as a whole, than many are ready to admit. Will you kindly, through your "query department," inform me what you consider the best book on Eclectic Materia Medica? All of the books written by Eclectics on this subject are good, and contain much that is essential to a successful practice of medicine. I would most certainly advise you to procure them all, but if you must make a single selection I am sure you will not be disappointed in "Ellingwood's Materia Medica." It only needs to be seen to be appreciated.

S. E. S.—Can you tell me if there is any way to prevent the injection of anti-toxine in a supposed case of diphtheria?

When a physician is called to a case, the family is supposed to defer to his judgment as to the disease and treatment. If from any reason they are dissatisfied, they, of course, have the right to dismiss the attending physician, or to ask that he meet some other physician of their choice. Antitoxin is regarded by many as an important adjunct to the treatment of diphtheria. In using a remedy of that nature it would seem that a positive diagnosis should be made before its administration. If the slightest ground for doubt exists, a consultant, who is qualified to banish all uncertainty, should be called before the remedy is given.

M. C. R.—What is the nearest specific for hysteria? How hard it is to get physicians to abandon the idea that they can find a remedy for the name of a disease. So many seem to think that the term "specific" is applied to some one drug, or combination of drugs, that will cure a disease which they have succeeded in naming to their satisfaction. The above query is typical of many that are propounded to medical magazines all over the country. Hysteria is, indeed, a hydra-headed monster, and he who would boldly name a remedy which would cure it must be brave indeed.

The temperament of each individual case must be scrutinized, the history must be patiently sought, and all conditions which might have produced the malady carefully considered. This having been done, a key to required treatment is often found. Sometimes harsh physical applications are effectual. Again disagreeable nauseous doses will prevent a reoccurrence. Many times a careful, painstaking course of nerve tonics is necessary to bring the unfortunate individuals into condition where they can exert sufficient control over themselves to ward off subsequent attacks. If the latter course is the requisite one, the study of Scutellaria, Hyoscyamus, Phosphorus, Kola Comp., Canabis Ind., Pulsatilla, and Avena Sativa will prove useful.

SELECTIONS.

A NEW METHOD OF MAKING MILK DIGESTIBLE.

Dr. Robert T. Edes gives a valuable method of preparing milk where other methods have not proved useful.

A pint of milk is gently warmed. Into it is dropped, very slowly and with constant stirring, about 20 minims of dilute hydrochloric acid. The milk should be stirred until it cools. In this way a very fine flocculent coagulum is produced, floating in the whey, which is easily accessible to the digestive secretions, while the whole fluid has lost somewhat of the fat and cloying taste which makes it unacceptable to so many. It will be noticed that milk prepared in this way differs from the various wheys in the highly important particular that the casein is retained and used, instead of being separated out as a distinct product while it avoids the bitterness of pancreatinized milk.—*Dietetic and Hyg. Gazette.*

ELECTRICITY IN THE TREATMENT OF CICATRICES.

Ohmann-Dumesnil (Cohen's "System of Physiologic Therapeutics") writes that while it may be true that scars cannot be totally obliterated by means of electric therapy, such good results may be obtained as to amount very nearly to a total removal of these unsightly secondary lesions. The three varieties of scars usually encountered are the hypertrophic, the atrophic, and the telangiectatic. In the first, cases arise in which a plastic operation cannot be performed, and here it is that electric treatment yields excellent results. The purpose is to reduce the hypertrophy of connective tissue, and this is done best by passing the electrolytic needle deep into the thickened tissue of the scar. The needle may be single or multiple, and must be connected with the negative pole, a sufficient amperage being employed, but with care to avoid caustic effect. Shrinking and thinning of the scar will be found to follow such a course of treatment. On the other hand, in the case of the atrophic scar, which is depressed, the electrolytic needle is passed in the tissues horizontally, just below the epidermal layer, which is present, and this latter is entirely removed. The current must be one of sufficient strength to cauterize, the needle being attached to the negative pole. After this operation has been completed, which should be at one sitting, an impermeable dressing is placed on the denuded surface. This dressing may consist of surgeon's adhesive rubber plaster or of a sufficiently thick layer of liquid gutta percha. The depressed area will soon rise and assume a more normal color. If one operation is not sufficient to obtain the desired result, a repetition of it will generally be successful. The telangiectatic scar, having distended arterioles running over it and visible, is to be treated in the manner advised for angioma. Scars are occasionally encountered that are pigmented, although neither hypertrophic nor de-

pressed. The discoloration may partially be removed by what might be called electrolytic stippling. This is done by using a single needle connected with the negative pole, a current of from four to six milliamperes being employed. By making the punctures at regular intervals, a general tint is given that is very close to the natural. The short interval between the punctures avoids imparting the dead white color that is as disfiguring as the pigmentation.

THE EXERCISE TREATMENT OF LOCOMOTOR ATAXIA.

Hirschkron (*Therapeutic Monthly*) claims that one of the most important modes of therapy in locomotor ataxia is the compensatory exercise treatment of Frankel. In this the idea is to educate the sufferer to control voluntarily those muscles whose automatism has been disturbed by the loss of sensibility. This method is especially useful in the early, preataxic stage, but should not be neglected even in the paralytic stage. Optic atrophy, great debility, affections of the heart and kidney, and general gastric crises are counterindications to its use. For the exercise therapy to be successful it is necessary above all that the patient is willing, and second, that he has sufficient intelligence to understand the object of the treatment and to persevere in it. In the use of this cure he is first taught simple exercises, such as while in a recumbent position raising and lowering the legs, placing one leg over the other, sliding the heel of one foot over the other shin, touching a certain point with the tips of the toes. Similar exercises are repeated while sitting and standing. Gradually he is taught more complex movements, such as walking at first with a support, later, without, then learning to walk a line, etc. In ataxia of the hands there may be simple exercises, such as drawing wooden pegs out of holes, catching swinging balls, and sorting pieces of wood and money.

A NEW TREATMENT OF CANCER.

Howitz (*Journal des Practiciens*) reports favorable results in the treatment of cancer by freezing the cancerous vegetations by a jet of ethyl chlorid. This may be preceded by curetment and cauterization with a hot iron, if it is indicated. The author has employed this method of treating inoperable cancers of the uterus and vagina. He has employed it in only two cases of cancer of the breast, but he believes that it may be used in cancer of other parts of the body accessible to this treatment. When the freezing jet is directed on a part of the vagina or uterus invaded by cancer these parts are not blanched, or at least much less than the healthy parts, which enables the operator to determine the extent of the cancer. Howitz believes that this may even serve as a diagnosis between cancer and other granular vegetations resembling it. During curetment of the uterus, when small cancerous areas have been left, the difference in the coloration between these areas and the healthy mucous membrane is marked enough after freezing to enable the operator to complete the curetment without touching the healthy mucous membrane. After curetment the actual cautery may be used if the tissues are deeply involved or if there is abundant hemorrhage. If this is not done the uterus should be packed with gauze. When this is removed the area is washed with hot water and carefully dried. An ethyl chlorid spray is then directed on the diseased area for not over five minutes. This treatment should be repeated every two or three days at first, later at longer intervals. When a suspected point is seen it should be curetted at once. Howitz has employed this treatment in 12 cases with encouraging results. The patient should at the same time be placed on a tonic, internal treatment and plenty of nourishing food.

Salicylic acid in a salve, applied to developing boils, will abort them.—*Summary.*

STERILIZATION OF CATHETERS.

Claudius (*Med. Standard*) says that it is a fact recognized by all bacteriologists that the boiling of these instruments in plain water does not necessarily insure sterilization of catheters. However, boiling in a concentrated salt solution not only did not spoil the instrument, but did kill pathogenic germs; furthermore, that a boiling of from five to ten minutes was all the time required. In such a concentrated salt solution the catheters are exposed to a temperature of 110 degrees C. in a highly bactericidal medium.

Where there is a venous congestion, I make a poultice of tomatoes. Cook them thoroughly; then stir in enough bread to make a poultice. Apply to varicose ulcers, where there is a dark, venous congestion, or to any old sore, and it will give you satisfaction, and relieve your patient. So far as I know, this is original. I never saw or heard of its use till I tried it. The acid of the tomato kills out the poison absorbed and retained in the ulcer.

The cerate is made by placing in any iron vessel the amount of pure lard you wish, then add a piece of mutton tallow, as large as a piece of chalk, or sufficient to harden your cerate; slice into this as many ripe tomatoes as can be well cooked in the cerate. Canned tomatoes can be used, but they are not as good as the ripe tomatoes picked from the vines. Strain through a sieve, afterwards through a cloth, and you have one the best cerates for old ulcers you ever used.—*Brief.*

NEURITIS.

Those cases of neuritis suffering from chronic gastro-intestinal catarrh I have frequently observed are first prone to local neuralgias, which pain is the precursor of an insidious neuritis; so that if the stomach is treated successfully you often strike the root of the malady.—*Penn. Med. Jour.*

THE TREATMENT OF LEG ULCERS.

O. Schultze recommends camphor as a cheap and easily applied substitute for the more expensive modern dusting powders. An ointment having lard as a base, and containing 2 per cent. of camphor with 15 to 20 per cent. of zinc oxide is of great value; if this seems impracticable, zinc oxide may be added to an equal weight of 4 per cent. camphor solution in olive oil and the mixture applied on compresses.—*Med. Record.*

The Medical Gleaner is authority for the claim that two drachms of chloroform mixed with enough alcohol to make one ounce, and well mixed and then emptied into a five-pint bottle, which is then filled with water, a thorough mixture of all three results, especially after a very little shaking. This preparation is said to almost cover up the bitterness of nuxvomica.

Dr. S. I. Dibailoff, in *Vartchchnaya Gazeta* (St. Petersburg), calls attention to the efficacy of chloroform water in relieving thirst, stomach pains, nausea, and vomiting, especially when these conditions are symptomatic or of a reflex or nervous nature, rather than due to local inflammation. He finds it useless in typhoid fever, thus contradicting the assertion of others.

Finely powdered salicylic acid, inhaled into the nose in small quantities, will produce beneficial results in the first stages of some cases of coryza.—*Summary.*

THE CHOICE OF A CARDIAC TONIC.

Jacobi says: "Muscle, serous membrane, vagus and sympathetic may be affected at the same time, or some of them at the same time. Rely on digitalis alone? Yes, if you be sure you want nothing but the stimulation of the pneumogastric. On strychnine

alone? Very well, if you want a vaso-motor stimulus. Alcohol? If you want to dilate blood-vessels, in conditions of spastic anemia, occasioned by fright, chill or sepsis. Atropine? If you have to combat the lowered number of cardiac contractions.—*Denver Med. Times.*

Vaccination Law Valid.—The Supreme Court of New York has decided that the State law excluding unvaccinated children from schools is constitutional. This decision was based on the application of a citizen of Queens borough for a mandamus admitting his son to school without having been vaccinated.—*American Medicine.*

ACUTE ARTICULAR RHEUMATISM.

Patients suffering from this disease should be placed in a comfortable room, preferably between two blankets, the joint or joints made comfortable and easy by means of pillows; should guard against chills from a draught; it is good practice to wrap the joints in cotton wool, removing this when the cotton becomes impregnated with perspiration. The diet should consist of a quantity of good, nutritious food, such as beef tea, milk, eggs, soups of various kinds administered at regular intervals, ice to suck if there is much thirst. Alcoholic stimulants are not, as a rule, needed until convalescence is established; if used, should be in the form of egg-nog. The bowels should receive special attention; keep them acting regularly by some mild laxative.—*American Pract. and News.*

Cimicifuga corrects false, irregular and rheumatic uterine pain. Induces normal uterine action and is an excellent agent preliminary to parturition.—*Summary.*

In certain forms of sick headache, whether of gastric or hepatic origin, iris versicolor works nicely when better known agents fail.—*Summary.*

DOSAGE IN NERVOUS DISEASES.

The editor of the *Clinical Review* is convinced that the ordinary dosage of drugs as given in the text-books is general insufficient for neurotherapeutic purposes. For instance, Fowler's solution is often without effect in chorea unless the dose is run up from thirty to sixty minims three times daily. Many physicians prescribe from one to five drops of tincture of nux vomica, when from ten to sixty drops, after meals, is the quantity indicated and necessary to produce the desired results. Krauss holds that the ordinary dose (one-twentieth to one-tenth grain) of bichloride of mercury is utterly useless in syphilis of the brain and nervous system, whereas hypodermic injections of one or two grains daily cause gumata quickly to disappear, although often some toxic symptoms are produced.—*Denver Med. Times*.

To abort a Felon: Before pus has formed, fill an empty eight ounce morphine bottle half full of the tincture of lobelia; into this the patient is to put the finger, or the thumb, holding the bottle with the rest of the hand, adding more of the tincture, as required, and spending his or her time, during the day, as pleasantly as may be possible. At night the part is wrapped with a rag soaked with the tincture, and covered with oiled silk, or muslin, more of the tincture being poured in at the end three or four times during the night.—*Brief*.

In some cases of alcoholism strophanthus seems to be of value in restoring the nervous system and creating a dislike for the drink.—*Summary*.

For diarrhea with large watery movements, with sharp, spasmodic, colicky pains, the arsenite of copper is a good remedy.—*Summary*.

PERSISTENT HICCOUGH.

Alleviation and sometimes cure, will attend the administration of opium, morphia or the bromides. McBean reports the cure of a persistent hiccough by the use of gastric lavage and pertinently suggests, theoretically, the use of rectal dilation in intractable cases.

In other cases the use of an ether spray on the abdomen or upper cervical region will control an attack. The application of galvanism is worth a trial, as is a "needle" or shower bath. The induction of prolonged attacks of sneezing has been mentioned favorably in several instances. A proceeding with which I have had no experience is the application of a leathern belt around the waist which is to be tightly cinctured.

A method practiced in France is to place the patient supine over a thick bolster so that the head hangs down and the thorax arches up. Rhythmic contractions of the tongue (Laborde, of France) cut short, and would often arrest a paroxysm in one of my patients. Extreme cases should theoretically be attended with good results from the use of enemas or infusions of normal salt solutions as well as from the administration of pure oxygen, and I mean to try such treatment at the first opportunity.

At present chloroform constitutes the court of last resort, but failing, I would seek permission for section of the phrenic nerve.—*The Clinique*.

Asafetida is advised as of great benefit in the treatment of habitual abortion.—*Summary*.

The *California Fruit Grower* thus summarizes the various uses of fruit in relieving diseased conditions of the body. The list is worth keeping. Under the category of laxatives, oranges, figs, tamarinds, prunes, mulberries, dates, nectarines and plums may be included. Pomegranates, cranberries, blackberries, sumac berries, dewberries, raspberries, barberries, quinces,

pears, wild cherries and medlars are astringents. Grapes, peaches, strawberries, whortleberries, prickly-pears, black currants and melon seeds are diuretics. Gooseberries, red and white currants, pumpkins and melons are refrigerants. Lemons, limes and apples are stomachic sedatives.

HOW TO DISGUISE THE TASTE OF CASTOR OIL.

A number of suggestions regarding the best means of rendering castor oil palatable appeared in several numbers of the *Practicheskije Vrach*. One is to keep the nostrils tightly closed while the oil is being taken. The other is to rinse the mouth with cream before taking the oil. Still another is the following: Pour into a small glass a teaspoonful of glycerine, then a teaspoonful of rum or strong sweet wine, followed by the castor oil, which is covered with a little lemon juice. The whole is swallowed at once. Only the taste of the lemon and the rum is perceived.—*Thera. Monthly*.

The following makes a preparation in which the taste of the oil is completely masked:

- R̄ Alcohol, $\frac{1}{2}$ fluid ounce.
- Saccharin, 12 grains.
- Oil of wintergreen, 20 minims.
- Castor oil, 1 pint.

Rub the saccharin with the alcohol, add the oil of wintergreen, and mix the solution with the castor oil, shaking them well together.

ANTIDOTE FOR FORMALDEHYDE.

In view of the fact that this chemical is coming more and more into general use as a disinfectant and antiseptic, cases of poisoning from it will become more frequent. We have an easily accessible and reliable antidote in ammonia water. It may be given in the form of ammonia water (a few drops well diluted) or the aromatic spirit or a solution of ammonium acetate.—*Prescription*.

HEPATIC COLIC.

According to S. DeVeve (Merck's *Archives*), it is highly probable that the remedial effect of olive oil in biliary colic is due to the contained oleic acid, and from six years' observations he concludes that the latter compound is a specific remedy for cholelithiasis, being preventive as well as curative. The single dose is eight to sixteen minims in capsules, one in the morning for ten days of the month, if the attacks recur monthly, or for fifteen days preceding the expected paroxysm. After continuing this treatment for some time, it may be stopped.

Children are occasionally troubled with bleeding at the nose, and in some instances this becomes quite alarming, especially when all known remedies fail, and the weakening flow still continues; and in this instance, as in many others, the best remedy is one of the simplest that could be tried. A celebrated physician has claimed in one of his lectures that this "best remedy" is a vigorous motion of the jaws, as in the act of chewing. In the case of a child, he recommends giving a wad of paper to chew, as the rapid working of the jaws stops the flow of blood; but why not try chewing gum instead of paper?—*West Med. Review*.

Aconite is a powerful aid in the treatment of acute bronchitis, and colds in the head and chest.—*Summary*.

Menthol is recommended as a specific for the treatment of eczema of the vulva and scrotum.—*Summary*.

Olive oil in large doses will be found to quickly relieve many of the irritations of the stomach and bowels in infants.—*Summary*.

Recent writers believe that enlarged prostate is much more the rule than the exception.—*Summary*.

HYDRASTIS CANADENSIS IN GOITER.

William Cuthbertson says that the different forms of treatment of the various tumors of the thyroid gland were about as numerous as the writers on the subject. With the exception of the surgical cases, the treatment of goiter seemed to have been purely empirical, no definite classification, with its appropriate treatment, apparently having been attempted, with the exception of the iodides and iodine, having been recognized as specifics. Cuthbertson found in one case that hydrastis canadensis proved efficacious in effecting a cure in a goiter of pregnancy, and this led him to the investigations which he had detailed. In each of twenty-five cases of goiter of puberty and pregnancy which came under his care, a cure was effected in from six weeks to three months by the administration of hydrastis canadensis, three times daily, after eating. He was well aware that some of these cases might have got well without treatment, but he made no selection of them, taking them as they presented themselves. One of the cases which was cured by this means had been treated with iodine and the iodides, and with thyroid extract, becoming much worse under both forms of treatment. Immediately on instituting the hydrastis treatment the patient began to improve and was cured in six weeks. He presented hydrastis canadensis as a new and successful remedy in the goiter of puberty and pregnancy.—*British Medical Journal*.

Euphorin has been used as an application in ulcerative cervicitis, with excellent results.—*Summary*.

Sulphur in an ointment, applied just within the anus, is said to rapidly destroy pinworms.—*Summary*.

The Tincture of Calendula in small doses will cure many cases of incontinence of urine in the aged.—*Times*.

TREATMENT OF SMALLPOX BY BREWERS' YEAST.

Pietri (*La Medicine Moderne*) reports excellent results from the use of brewers' yeast in two cases of confluent smallpox. Five to six teaspoonfuls were administered daily, without other treatment. The pustules dried rapidly; there was no suppuration nor fever, and no marks remained on either of the patients. Pietri believes that if fresh brewers' yeast is given early enough, it may completely absorb the pustules.

Don't expect to find a tumor in early cancer of the stomach.

Cimicifuga is a reliable remedy for muscular pains and muscular soreness of whatever cause, with or without fever.—*Summary*.

Nitroglycerin has a wonderful effect in post-partum hemorrhage; it is also excellent in vomiting of a reflex character.—*Summary*.

Sodium phosphate increases the functional activity of the liver and stimulates the glandular organs concerned in digestion.—*Summary*.

Dr. Hare says that hydrochloric acid is only indicated in dyspepsia where the digestion is very slow, preceded by fermentation.—*Summary*.

It is authoritatively stated that one drop of mullein oil, in water, four times daily, will cure many cases of nocturnal incontinence of urine.—*Summary*.

In the treatment of old-standing goitres, iris versicolor accomplishes good results, whether alone or combined with phytolacca. A few minims may be given as dose and frequently repeated.—*Summary*.

METHOD OF ADMINISTERING CASTOR OIL.

To one dessert-spoonful add sufficient brown sugar to make a firm consistency. A bonbon is thus obtained which children will sometimes take voluntarily.—*La Medecine Moderne*.

Cimicifuga is valuable in chorea from sympathetic irritation; valuable as a sedative in irritability of the spinal cord and in general nervous irritation.—*Summary*.

Chloral hydrate is the remedy for wakefulness with nervous excitability, for muscular twitchings, and a tendency toward convulsions. Small doses frequently repeated for children.—*Summary*.

Chloral hydrate is a powerful relaxant and will relax a rigid os uteri most readily. It overcomes the nervous and excitable conditions present with such a complication.—*Summary*.

Pyrogallic acid, fifteen grains, in one ounce of collodion, will cure ringworm very speedily, wherever located.—*Summary*.

Some phases of inflammation of the appendix were recently discussed by Sir Frederick Treves. One might think this subject altogether removed from the field of polemics, but this article by Treves conveys much that is new. He gives credit to Mélier for his writings on this subject, which appeared in 1827, and to John Burne, whose publication was some ten years later, but states that the first precise, detailed and fully demonstrated account was by Fitz in 1886.

Appendicitis, properly speaking, may exist, according to Sir Frederick, without symptoms—that is, there may be inflammation of the structure of the appendix and even sloughing of its mucous membrane and yet the patient be undisturbed.

Once, however, the inflammatory process extends to and involves the peritoneal coat the so-called “attack of appendicitis” is ushered in. Every “attack of appendicitis” is a peritonitis more or less extensive; usually, of course, it is and remains localized. It is stated that 80% of the collected cases have occurred in patients under 30 years of age, and that 73% of all cases are among males. Attention is called to three somewhat isolated points in etiology: Life in tropic or subtropic countries by inhabitants of temperate climates—which appears to predispose to gastrointestinal disorders; among female patients the outbreak of an attack of appendicitis is frequently coincident with the menstrual period; and the strong predisposition to appendicitis afforded by a loaded cecum and consequent constipation. Treves makes it plain that he is unconvinced of any necessary relation between tenderness at the so-called McBurney’s point and appendicitis. That tenderness exists there in appendicitis is of course granted, but tenderness is readily found at this particular point in subjects of colitis involving the cecum. To use the author’s own words, “It does not serve to indicate the starting point of the disease or even the chief point of the disease (this Dr. McBurney allows). It does not indicate the situation of the diseased appendix, nor does it even correspond in the subject with the base of the appendix.” The structure most uniformly found beneath McBurney’s point is the ileocecal valve. This fact, the author states, is based on the findings of Addison and Keith, who found in 50 cases that the ileocecal valve was in 22 cases beneath, in 14 cases above, and in 14 cases below McBurney’s point. Tenderness at this point in health is ascribed to the abundant nerve supply of the valve in question and the surrounding structure.

The author is skeptical concerning the

claims of those who profess in certain instances an ability readily to palpate the diseased appendix. He believes that which is palpated is a phantom due to contraction in the outer edge of the rectus muscle or occasionally in the internal oblique or transversalis muscles.

The great majority of cases of appendicitis, all grades being included, terminate in recovery without operation—the mortality being estimated at 5%. Operations carried out during the attack show a mortality of 20% or over. Treves disapproves of operation in all cases so soon as the diagnosis is made, but says: "Immediate operation is demanded at the earliest possible moment, in all ultra acute cases. These embrace those very hopeless examples which present from the onset the phenomena of intense infection." And again: "Immediate operation is demanded in every example in which there is reasonable suspicion that suppuration has taken place." In cases not included in the above he would watch and await results. He ventures to assert that when any patient has had *one* definite attack of appendicitis, and escaped operation or worse, the appendix should be removed during the quiescent state. In over 1,000 operations in the interval he has lost but two patients. The danger of the operation is infinitely less than the danger from a subsequent attack.—*Amer. Med.*

GONORRHEAL EPIDIDYMITIS.

The internal administration of sodium salicylate is recommended by Pigot, in the *Ann. de Derm. et de Syph.*, in those cases in which there is much pain, without extensive involvement of the spermatic cord and tunica vaginalis. When the cord is involved, belladonna and mercurial ointment is more effective.—*Jour. Mer. Med. Asso.*

TAPPING THE BLADDER.

To tap the bladder in very fat men, observe the furrow which runs transversely above the pubic fat, and tap where this line crosses the linea alba.—*Internat. Jour. Surgery.*

GALACTORRHEA.

R Oil Citronelli, 10 drops.

Belladonna Ointment, 1 ounce.

Camphor Cerate, 2 ounces.

Lanoline, 1 ounce.

M. Sig.: Apply to breasts, cover with rubber tissue, and bandage tightly. Bowels should be kept open with salines, and liquids restricted.—*Dom. Med. Mon.*

BOOK REVIEWS.

"International Text-Book of Surgery." In two volumes. By American and British authors. Edited by J. C. Warren, M. D., LL.D., F.R.C.S. (Hon.), of Harvard, and A. Pearce Gould, M. S., F.R.C.S., of London, Eng. Second edition, thoroughly revised and greatly enlarged. Vol. I.—General Surgery—Octavo, 975 pages, 461 illustrations, 9 lithographic plates. Vol. II.—Special or Regional Surgery—Octavo, 1122 pages, 499 illustrations, 8 plates. Per volume: Cloth, \$5.00 net; sheep or half morocco, \$6.00 net. Published by W. B. Saunders & Company.

These two volumes are among the very best that have been published on this subject in recent years (and there has been no lack of publications on surgery). The subjects are well arranged, and treated in a clear, thorough and yet concise manner. The illustrations are of the best. As a text book for both student and practitioner it is most valuable, and we heartily recommend it.

"A Hand-Book of Appendicitis." By A. J. Ochsner, M. D., Professor of Clinical Surgery College of Physicians and Surgeons, Medical Department of the Uni-

versity of Illinois; Surgeon to the Agostena Hospital, etc. Published by G. P. Engelhard & Co., Chicago.

A small volume of 175 pages, which treats of the history, anatomy, etc., etc., including after treatment and complications, with a complete bibliography on the subject. It is interestingly written, and a valuable contribution to this important subject.

"General and Local Anæsthesia." By Aimé Paul Heineck, M. D., Surgeon to Cook County Hospital, Instructor in Clinical Surgery College of Physicians and Surgeons, Medical Department of the University of Illinois. Published by G. P. Engelhard & Co., Chicago.

The administration of an anæsthetic is of enough importance to warrant a special treatise on the subject. I believe our colleges should give more attention to this important matter, and teach it as a specialty. This book is very complete and well arranged for a text book on this subject.

The forty-second annual publication of the Massachusetts Eclectic Medical Society for the year ending June 5th, 1902. Edited by Pitts E. Howes, M. D., Secretary.

A neat volume containing the minutes of the meetings held during the year, together with a list of officers and members of the society. Also an interesting essay by Charles Lloyd, M. D., entitled "Two Kinds of Truth—Natural and Universal."

Essentials of the Diseases of the Ear, by E. B. Gleason, S. B., M. D.

This little work, which appears in its third edition, is the twenty-fourth of the Question Compend published by W. B. Saunders and Company of Philadelphia.

It comprises 208 pages and 114 illustrations and is thoroughly up to date.

It can be heartily recommended not only to the undergraduate student, but also to the busy practitioner who would like to have the essentials of Otology in an easily accessible form.

A. W. H.

"Electricity in Medicine and Surgery." By William Harvey King, M. D., of New York. With a Section on Electro-Physiology by W. Y. Cowl, M. D., of Berlin, Germany, and a Section on the Bottini Operation by Albert Freudenberg, M. D., of Berlin, Germany. Second Edition. Containing an Appendix on the treatment of Cancer and Tuberculosis with the X Ray and the Violet (Actinic) Ray. Price \$3.50. Boericke & Runyon, New York, Publishers.

This is a finely constructed book of about 300 pages, conveniently divided in two parts. Part one is sub-divided in five sections, treating, respectively, of Electro-physics, the X ray, motor points, Electro-diagnosis, and organic electrology. Part two is arranged in nine chapters, which include the one on the Bottini operation, together with the following: General electro-therapeutics, diseases of the nervous system, gynaecology and obstetrics, diseases of the alimentary tract, genito-urinary, diseases of the nose and throat, diseases of the skin, general diseases, and diseases not otherwise classified.

The appendix on the treatment of cancer, etc., occupies the remaining portion of the book. Prof. King is to be congratulated on the excellency of his work. It is a reliable guide to the use of electricity in medicine and surgery, plain in its descriptions and reliable in its statements, the author having had a large experience in this department. The appendix on the treatment of cancer, etc., is concise, and might be criticized by some on that account. Yet all is said that is clearly known on the subject. We gladly recommend the book as a most practical and valuable guide on the important subject of electro-therapeutics.

"Women's Home Companion Magazine Co."

In the October "Women's Home Companion" are the excluded chapters of that very popular book by Prof. John Uri Lloyd, "Stringtown on the Pike." These chap-

ters are of particular interest to physicians and pharmacists, carrying, as they do, the culmination of superstition and fanaticism as shown in the last scene in the famous African ordeal test, wherein Cupe and Dinah subject themselves to its influence.

ITEMS.

College opened with a fine, bright, large class.

We hope to present Prof. Fyfe's book before the end of this session.

Weary Willie has been elected treasurer and general manager of the Eclectic Bowling Club.

In our next number we expect to have a communication from President Dart on State Society matters.

Remember that our State Society meets the 8th and 9th of April, 1903. Have you started your paper?

Kings County had a rousing opening meeting. They expect to establish either a dispensary or hospital in Kings County very soon.

Dr. T. W. Pomroy and family have just returned from their summer home in Maine, and the doctor has opened his office at No. 15 West 70th street.

The attendance at the opening meetings of New York Specific Medication Club and County Society were fine. The officers of both societies are to be congratulated.

Abolishment of the canteen has, according to a report by Brigadier General Funston, caused an increase of drunkards in the army.—*Herald*.

At Los Angeles, our good friend, Dr. O. C. Welbourn, has been appointed Medical Director of the German M. E. Hospital, and has the appointing of the entire medical and surgical staff.

Memorial services for William Collins Hatch, M. D., were held in the Methodist Episcopal Church of New Sharon, Me., his late residence, the 31st ult., the address being delivered by his closest friend, Frederick Wallace Abbott, A. M., M. D., Ph.D., of Taunton, Mass.

The First Egyptian Medical Congress will convene at Cairo, December 19 to 23, 1902. The congress will be divided into three sections: Internal pathology, tropical diseases, surgery and ophthalmology. American physicians and surgeons will be greatly interested in the transactions of the section on tropical diseases. Special consideration will be given to bubonic plague, Asiatic cholera, yellow fever, and other diseases of hot countries. Professor W. W. Keen, of Philadelphia, has been elected honorary president of the congress.

Marian Ross Arvine is doing a fine practice at No. 64 East 90th Street.

Dr. Albrecht Loewitt is one of the most successful of our younger graduates. He is kept busy all the time.

Prof. J. H. Gunning will deliver a course of six lectures at the College building on "Evolution"—under the auspices of the Beachonian Society.

The managers of the Beachonian dispensary intend giving a ball at the end of November.

Pres. Spooner will be glad to send you a receipt for your subscription to the College fund.

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THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

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MINIMUM REQUIREMENTS.

We desire to call the attention of our readers to the circular printed in this journal and issued by the National Confederation of Eclectic Medical Colleges.

It gives the minimum requirements of the seven Eclectic Colleges that form the confederation. It contradicts many of the statements and the gossip of those who decry Eclecticism, etc.

This information should be freely distributed among the friends of Eclectic Medicine.

NEW COLLEGE BUILDING.

Before the opening of the session of 1903 and 1904 we expect to have our new college. The subscriptions are nearly all paid and in the trust company's hands, and in the January number we hope to announce the full plan and specifications of the building.

We would respectfully ask those who have not paid up their subscription to make an effort to do so before the 15th of December, for the Board of Trustees will not allow the publication above referred to before the entire amount is collected. So See that YOU are not the one to *delay* this *important* event.

OUR COLLEGES.

The Eclectic colleges generally report a fine increase in attendance this year. Word from Cincinnati reports the largest class for many seasons, and Chicago boasts of nearly 300 Eclectic students. While the Lincoln, American and California colleges also report fine progress in this direction. Students begin to realize that Eclectic colleges possess advantages and present a system of medication superior to that taught elsewhere.

PROF. E. LEE STANDLEE, M. D.

Once more the ranks of Eclecticism have been broken, and another whom we loved has passed on his infinite journey into the Great Beyond. Dr. E. Lee Standlee died on October 4th, 1902, at his home in St. Louis from la grippe, complicated by remittent fever.

Professor Standlee was just in the active period of his life and held a prominent position in the profession to which he belonged. He sought to evade no duty and accepted every responsibility placed upon him. He stood for everything that makes a splendid citizen, and his character was nobility itself. There lived no truer, manlier man.

Dr. Standlee was born in Arkansas, and was a graduate of the American Medical College, in which he has since his graduation held the chair of anatomy. He filled this prominent position in the college with eminent credit to the institution and himself. In the profession of medicine he stood at the summit, and his was a national reputation. He was president of the National Eclectic Medical Association in 1901, and presided over that body at Chattanooga during its session in that city in the year mentioned. At the time of his death he was dean of the American Medical College, a member of the Missouri State Board of Health, treasurer of the John King Hospital Association, an active member of the State Eclectic Medical Society of Missouri, a member of the World's Fair Committee of the National Association, etc., and in every work connected with the profession to which he devoted his life he was always in the front rank. A responsibility that belonged to him he never attempted to cast upon the shoulders of another. In his chosen work of medicine and surgery he turned instinctively to surgery, and it has been my lot to see few that surpassed him as a surgeon. What he

undertook to do he did well, and in his death we lose one who promised pre-eminence in surgical work. He labored too hard for his own good, always seeking the welfare of others; and neglecting himself in the alleviation of their suffering, he contracted the disease that caused his death.

Several weeks before he died he was attacked with la grippe, which, leading on to a complication of remittent fever, his vitality was inadequate to withstand the combined effects of both, and death was the result.

Dr. Standee was an active member of the Methodist Episcopal Church, South, and a new church that had scarcely been completed stands on St. Louis Avenue, in this city, a monument to his untiring effort. It is needless to say that his church associates held him in the highest esteem, for his every act was a benediction to them, and they looked to him for inspiration in their work. With an unalterable trust in the Infinite, he never faltered in the work to be done, always believing that success must crown his efforts, because he knew and felt that in all his acts Right guided him.

To his associates in the profession he was always courteous and just, and never demanded from them that which he was not willing to give; and rather than resent a wrong done him he preferred to pass it by in silence, believing that contention leads only to greater disappointment.

Closely associated with him for a time I knew him to be my friend, and never did I approach him as such that I went away feeling it was not true.

Dr. Standlee was married to Miss Flora N. Crane on April 20th, 1892, and to them was born one child, a little girl, a delicate flower that bloomed but for a brief season, withered and passed on. The memory of the little one was ever present with him and he often spoke of her. Of his

immediate family, his widow alone survives him. Of his father's family, both his father and mother, three brothers and two sisters remain behind. Of these the father and all of the brothers are members of the medical profession.

And, now he is gone, nothing that I can say will add to his work and worth, but on his grave I would plant a fadeless flower, and over it I would erect a modest slab, and on that slab I would write this tribute: "Simple, free and kind, this earnest man made every one his friend. Candid and sincere, he practised what he preached. This loved and loving man halted where life's morning touches noon, for in his journey on life's highway he had not reached the highest point, but, being weary for a moment, fell asleep."

A. F. STEPHENS, M. D.

PROF. A. M. PHELPS, M. D.

At a meeting of the faculty of the New York Post-Graduate Medical School and Hospital, held on October 8th, 1902, it was resolved that a committee be appointed to draft a minute in appreciation of the professional life and services of their late colleague, Professor A. M. Phelps. The committee subsequently made the following report which was ordered to be sent to the medical journals for publication and to be spread upon the minutes of the faculty.

In the death of Professor A. M. Phelps our school has lost a teacher and the medical profession is deprived of a member whose energy cleared the way for great progress in his field of work during the past twenty years. His was the spirit of the pioneer. Not content with things that have been done, but ever restless to find new vistas with new horizons, his single-hearted devotion to the development of what is best in orthopedic surgery led him to engage in a constant warfare of ideas. No matter whether the

ideas were those of colleagues or his own, no matter whether he was right or wrong, his energy gave life to the subject and set men to thinking. It is such active lives as his that keep subjects alive, that keep men aroused, and lead them to their utmost; and when this is for no selfish end, but solely bent in the interest of science, we have a public benefactor whose usefulness exceeds that of the capitalist who gives his million of dollars to the most worthy charity. The capitalist gains his fortune through his guidance of the work of others, and the scientist adds to the total of the world's knowledge by stimulating others to follow in his lead of investigation, or to take long steps in progress at his suggestion. In the professions there is a tendency for men to fall asleep upon the soft pillows of consensus of opinion, but men like Dr. Phelps realize that consensus of opinion is often wrong because it represents the lines of least resistance, and he turned all sleepers out and made them uncomfortable until they had made their own new opinions. Doctor Phelps was impatient with those who were contented in their work, and as impatient with himself, for he realized that great fields for giving help to suffering fellow men lay still undiscovered.

According to human experience greatness implies the possession of constructive motives, nobility of purpose, catholicity of views, erudition. Doctor Phelps' motives were always constructive, his ideals were of the noble sort that included no interest before the interest of the sufferer. His views were so comprehensive that he could not long remain a partisan in any field aside from that of definite knowledge. His learning was that of a man of alert conception and of trained memory. Dr. Phelps, then, was a great man, and his opponents are the ones who would say it, sooner than he himself would have acknowledged it.

It was not in our school alone, nor in the city, nor in the state, nor in America that his talents were recognized, but wherever in the world men are engaged in studying the things that he studied, he gave direction to their methods and force to their efforts. In influence like that of Doctor Phelps is that of the wireless telegraph, sending through invisible ether an impulse that is felt and that meets sympathetic response in minds that vibrate in unison at all distances, an expenditure of energy that finds its kinetic in the development of new knowledge. Yet he was not the one to say that he was right—only that he wanted to be right and that he wanted others to be right.

He was proud in his strength yet modest in the presence of those who were stronger than he. Few knew this side of his character; but those of us who knew him best, knew how much of humility there was beneath his forceful bearing.

And if we speak of Doctor Phelps as the surgeon, what shall we say of him as the citizen, as the friend, as the husband and father? Matters of public interest were matters with which he made himself conversant, and whether at home or abroad he formulated views of public affairs with a clearness of view that engaged the attention of statesmen. As a friend he was loyal almost to the point of weakness. His enjoyment of life, and of his friends was that of a man whose spirit of camaraderie overlooked all failings. Beneath the stern exterior developed by men of his strength to resist external impressions, there was a heart so kind and sympathetic that a tale of woe or a pathetic sight moved him as it would have moved a woman, and his kindly deeds in response to the impulse of a great and generous nature were unknown to the world at large, because he considered it beneath the dignity of a man to show any side excepting the one that accomplishes things by force.

Doctor Phelps has been taken from the home, from the profession, and from the world before his activities had reached their zenith, but the influence of such a life as his will last beyond the lives of those who felt his influence, and we, his colleagues sorrowing in his loss, exult in the privilege that we had in knowing him.

REYNOLD WEBB WILCOX,
ROBERT T. MORRIS,
HENRY LING TAYLOR,
Committee.

THE TREATMENT OF PULMONARY TUBERCULOSIS.

BY ALFRED W. HERZOG, M. D.

Read at the meeting of the New York Specific Medical Society Club.

As soon as we have diagnosed a case of pulmonary tuberculosis, the question arises, what should be done for the purpose of giving the patient the very best chance for the recovery from this dreaded disease?

While it must be conceded, that in the majority of cases nothing short of an entire change of the mode of living of the patient and his surroundings will be of any benefit, this method of treatment can not be employed in all cases, as much as it might be desirable.

Before the treatment of the patient, however, comes to be considered, I may be excused for devoting a little time to the consideration of the question, whether the patient, who may be unacquainted with his true condition, should be informed by the physician as to the nature of his disease.

It must be admitted that a patient is a great deal more likely to follow the advice of his physician as to the regulation of his mode of life, if he is made to understand that thereupon his ultimate recovery depends. Yet it must not be overlooked that a great many neurasthenic patients would be likely to become very

much depressed in spirit, were they told that they are suffering from "consumption."

Others there are who will refuse to take any treatment from a physician who has told them what the nature of their trouble is. The question is therefore a very hard one to decide. Yet, all things considered, it is best if the patient be told the plain truth very early after the condition has been diagnosed. Should the patient ask the physician as to the nature of his trouble, the physician will in most cases be obliged for his own protection to tell the patient the plain truth without hesitation. An exception can only be made in those cases, where the physician has been engaged by the patient's husband or parent or guardian. In these cases the proper person to inform as to the diagnosis of the disease would be the husband, parent or guardian respectively; the parent, however, only in case that the child be a minor. After the proper person has been informed as to the nature of the patient's trouble and has been properly impressed with the fact that the disease is curable if properly treated by physician as well as by the patient, he should be carefully instructed as to his future mode of living.

As before stated, not the same method of treatment can be employed in all cases, especially if the patient is obliged to earn his own living or has possibly even to provide for others.

First of all a patient suffering from pulmonary tuberculosis should if possible live in a climate where he can live entirely in the open air. For this purpose I would prefer the arid regions of Arizona, New Mexico and the table lands of Mexico, to Florida and Colorado. The elevation of the country to which the patient is to be sent is to be carefully considered in each individual case, as the same place does not suit everybody alike. Too high an elevation is generally to be avoided, as likely to lead to hemorrhages.

In some cases the Catskill mountains or the Adirondacks answer admirably well, while a great many cases can recover even though they live in the worst possible climate, if they will only live in the open air as much as possible. Besides the one rule that the patient should live in the open air, I consider three other rules of great importance. They are simple and therefore easily to be remembered, namely:

Eat a great deal, sleep a great deal and work not at all. If the patient will follow these four rules his chances of recovery are the best possible; yet even if these rules can not be strictly followed the chances of recovery are not as desperate as is generally believed. If it is impossible for the patient to live in the open air entirely, then he should at least be in the open air as much as is possible. If he is obliged to live in the city he should be in a room in which all the windows are wide open; he should sleep at the open window and should try in every way possible to get as much air and light as is possible. The air which the patient breathes should be pure and dry. Yet it is better that the air be moist than that it be impure; so that if the patient is obliged to stay in a room it is better to have the windows open even while it rains or snows.

As before stated the place where the patient is should be as light as possible. If the patient can be exposed to sunlight nearly all day long, so much the better. If the patient lives in a tent, the wall tent or a round tent should be selected, because in such a one the walls can be raised while this is not possible in an "A" tent. For outdoor life in inclement weather a revolving hut as manufactured in England is very useful. These small huts are constructed on a turn table in such a way that the one side, which is entirely open can always be turned towards the most favorable direction.

The other rules which I have mentioned are: To sleep a great deal, to work not at all and to eat a great deal.

If we were to consider all the causes of tuberculosis we would find that the most prominent places would be occupied by bad air, overwork, insufficient nourishment, insufficient sleep, and excitement. So it can be considered natural that "tollere causam" to remove the cause will be the principal step towards the cure of this disease. Work of any kind should be forbidden; no exercise should be permitted which might in the slightest degree tire the patient.

In the beginning it will be best if the patient can be induced to stay in bed or on the lounge all day long; this will do a great deal to help the treatment. Some persons, however, are too nervous to at once submit to complete rest, and they must be accustomed little by little to take more and more rest, until they also spend all their time in bed.

Light literature and such amusements which do not tire the patient in the slightest should be permitted, but the patient should not be allowed to read or do anything but rest by artificial light; thus the patient will be sleeping at least ten hours a day for want of anything else to do. As to the feeding of the patient, the patient should eat as much as possible. In this also no absolute rules can be followed, yet it will be well to remember that the patient might well be permitted to eat anything he desires, in addition to large amounts of milk and eggs and fats. The patient should abstain from coffee, tea and tobacco. Alcohol also is to be forbidden in most cases.

As to the bowels of the patient, they should be kept in order by means of mild laxatives, without however, permitting the patient to fall into the error of moving them too frequently.

As to the treatment of the patient by

means of gymnastics, be they called breathing exercises or gymnastic exercises with dumbbells or clubs or other gymnastic apparatus; it is best to forbid them entirely and limit the patient to light walking. The patient should, however, even in walking, remember that he must not tire himself out and should not permit himself to get into any perspiration.

As to the medicinal treatment of the patient, which I follow, I wish first of all to state, that cough mixtures should be given very sparingly and carefully; it is better that no medicines containing either morphine, codeine, heroine or chloral hydrate be given. If the cough be so distressing that the patient insists on receiving something to relieve the same, some expectorant mixture may be given, and there are a great many combinations which will do a great deal of good without forcing the physician to resort to any mixture containing harmful and weakening ingredients. I use various remedies for the purpose of combating the disease, and will enumerate them here; but I desire it to be understood, that there are hardly two cases, in which the treatment used is exactly alike. Cinnamylic Acid and Arsenious Acid are given by me by mouth in increasing doses. The mixture which I generally use is composed of Arsenious Acid one part, Kali Carbonici two parts, Cinnamylic Acid three parts, Cognac twenty-five parts and Water seventy-five parts. Of this six drops are given to the patient in water every night and morning for one week, then eight drops for one week and so on, increasing two drops every week, until twenty-two drops are reached for the single dose,—when the medicine is continued for two weeks and then stopped, whereupon Cinnamylic Acid is substituted hypodermically. This is continued for one month, and then the first mixture is again commenced in the same way.

At the beginning of the treatment I also use hypodermic injections of anti-tuberculin, giving one injection every day, beginning with two minims for the dose and increasing one minim every second injection until a dose of fifteen minims is reached, when the injections are continued for two weeks longer. As soon as the anti-tuberculin injections are stopped I substitute for the same hypodermic injections of Strychnine Sulphate in doses up to one-sixteenth of a grain, giving an injection either every day or every other day. This is continued for one month, when another course of anti-tuberculin treatment is given. Thus the treatment is changed off for the Arsenious Acid as well as for the anti-tuberculin and the Strychnine. Besides this treatment the patient is expected to take daily inhalations of carbol fuchsin by means of a steam atomizer as also two or three daily inhalation treatments of from ten minutes to half an hour each of superheated air, of a temperature of from three hundred to six hundred degrees, Fahrenheit, in combination with various remedies, foremost among which I will mention Ortho-Iodo-Phenilic Acid, Iodo Phenol, Creosote, .ol. Gaultheriae, ol. Pinis Sylvestris, Carbolic Acid, Iodine, etc. I have not found Oxygen Inhalations to exert any curative influence on the patient, although a great many patients like them and they may be used in moderation on account of the comfortable feeling which they create in the patient. The same may be said in regard to Ozone Inhalations and the Static Breeze.

There are a great many cases, however, which can not follow the proposed treatment as accurately as they should, because they must work so that they may support their families, and must live in a crowded city to do that. The treatment in these cases will vary but very slightly from that outlined. The principal thing will be to follow the treatment as closely

as possible; to do as little work as possible; to sleep as much as possible; to rest as long as possible; to eat as much as possible, and to do all those things that are to be done, and to leave all those things that are not to be done undone,—in a well ventilated, not heated room.

While for the consumptive life in the country, in the open air is to be preferred, yet life even in a crowded city can be made practically harmless as far as the disease is concerned, if a little ingenuity is used. There are parks and there are roofs, where the tuberculous patient can inhale good air, and there are a great many occupations which a consumptive can follow without overtaxing himself.

154 East Thirtieth Street, New York.

DYSMENORRHEA.

BY MARIAN ROSS ARVINE.

Read at the October meeting of the Eclectic Society of the City and County of New York.

I have chosen this subject for discussion to-night because I find there is no one symptom in medicine that needs more careful and thoughtful consideration than the proper treatment of dysmenorrhea.

In some women the menstrual function is performed without pain or discomfort of any kind; as a general thing, however, they suffer more or less from backache, headache, languor and lassitude. When the dull aching amounts to sharp pain in the pelvic organs, the function is performed abnormally and the patient is said to suffer from dysmenorrhea.

Dysmenorrhea may therefore be defined as pain in the pelvic organs which is experienced in connection with the function of menstruation. It is a symptom of a pathological condition which must be referred to the pelvic organs, to their nervous and to their vascular systems.

The symptoms of dysmenorrhea vary in regard to the time the pain occurs, its severity, duration and the causes which produce it.

In most cases pain is felt the first day of the menstrual flow. If the dysmenorrhea is ovarian, acute pains are felt in the ovarian region twenty-four or forty-eight hours before the flow begins. It is not uncommon for women to have pain one week after the cessation of the menses, which increases in severity until the beginning of another period.

In regard to the *intensity* of the pain. Some patients complain of a simple ache, others of a neuralgic sensation. Many cases are of the spasmodic variety. We must consider the temperament of the patient as well, a highly organized sensitive person feeling more pain than one of the phlegmatic type.

There is great variation in the *length* of time the pain occurs. Many patients suffer but an hour or two, when pain ceases with the beginning of the flow. Others may suffer more or less pain during the entire period.

The cause of dysmenorrhea is in many cases difficult to ascertain. It may be due to heredity, disease, occupation or trauma.

In cases due to heredity, we may find a malformed uterus, an ante flexion, adhesions of the tubes or ovaries or defects in the hymen or vagina.

Disease plays an important part in causing dysmenorrhea. Measles, scarlet fever and other exanthemata may arrest the development of the pelvic organs and cause painful menstruation. Fibroid tumors cause a pressure and prevent the free discharge of blood, thus causing pain from tension. Anæmic people almost invariably suffer from dysmenorrhea as well as those who are obese.

Occupation has marked influence upon the menstrual period. Those who are compelled to stand constantly for hours at a time, or to work in the cold and damp invariably suffer excessively during their menstruation. Our factories, stores, sweatshops, kitchens and laundries are responsible for a large percentage of cases of dysmenorrhea. Public schools, too, with their long hours of over-study and worry con-

tribute their share by disregarding the times when, for the girls at the age of puberty, there should be a remission of labor.

Too little attention is paid to the traumatic origin of dysmenorrhea. Cicatricial tissue as a result of childbirth causes a contraction and hardening of the tissues.

These become anæmic and cause severe pain in the process of menstruation. Direct injuries produce the same results by a perversion of the nutrition to the genitals. These are frequently received before puberty in such sports as skipping the rope, jumping over horizontal bars and other gymnastic exercises which should never be provided for girls.

In our daily practice we meet with many different kinds of dysmenorrhea. The simplest and most frequent of the varieties is congestive dysmenorrhea. Pain may be felt in one or both ovaries, or in the uterus alone. In some cases the pain is distributed throughout the pelvis. It lasts as long as the congestion continues. Examination reveals the uterus very much enlarged and heavier than usual.

Dysmenorrhea from obstruction is another common form. This is usually caused by a flexion. It is generally conceded, however, that flexions would not produce dysmenorrhea if the menstrual blood were homogeneous. When it is clotted or mixed with fragments of membrane it is bound to cause pain, where the canal of the uterus is flattened from the presence of a flexion. Obstructive dysmenorrhea may also be due to stenosis of the cervical canal, imperforation of the hymen, or incomplete development of the pelvic organs.

In regard to the treatment of dysmenorrhea, we must determine the cause and treat it. Three factors are concerned in the production of painful menstruation. Contraction of the muscular fibres of the uterus or fallopian tubes; increased spasm or blood pressure in the tissues of the uterus or appendages, and finally, neuralgia of the uterus and appendages.

In a few cases internal medication permanently benefits, but in most cases, drugs are merely palliative. In the neuralgic variety of dysmenorrhea, gelsemium gives prompt results. Belladonna acts directly upon the uterus in the congestive form. Viburnum opulus is a most active agent in relieving irregular spasmodic pains of the uterus and ovaries. Cimicifuga in the congestive dysmenorrhea of young girls particularly gives prompt action, while we find pulsatilla is indicated in dysmenorrhea of the hysterical type with a scanty menstrual flow.

Palliative measures, such as warm hip baths, hot applications to the abdomen, sacral region of the back and to the feet are beneficial. Spasmodic dysmenorrhea is frequently controlled by hot vaginal douches given every two hours, twenty minutes in duration, with the patient in the recumbent position.

Young girls suffering from dysmenorrhea should be kept out of school for the first and second years of their menstrual period. Calisthenics should be taken daily to develop the muscles of the back and abdomen. Warm clothing should be worn, and especial attention should be given to a happy environment, a careful diet and plenty of fresh air and outdoor exercise.

In obstructive dysmenorrhea the most satisfactory results are obtained by the use of electricity. If the cause is due to a constriction at the internal os, the dilatation of the uterine canal at that point, is best accomplished by the introduction of a bulb electrode one or two sizes larger than the constricted area. The negative pole is used within the uterus with the positive over the abdomen, using 12 milliamperes. Gentle but steady pressure is used on the instrument till it passes through the stricture. After a ten or twelve minute treatment faradism should be given for five minutes. This treatment should be administered three times a week for a month to obtain permanent results.

If endometritis be present, an electrode should be chosen which would take up the entire cavity of the uterus. After dilating the internal os in the method described above the instrument should be inserted, and with the negative pole attached to it, a current of one hundred milliamperes for seven minutes should be used. This will cause pain similar to that in menstruation which may be relieved by the application of faradism for five minutes.

In the treatment of flexions the results are extremely gratifying. The relief afforded the patient is immediate and permanent. The Pratt dilators are admirably adapted to this purpose. They are graded in size from number 6 to number 26. They are curved in such a manner that it is possible to pass them by the aid of electrolytic action through the flexion. The smaller electrode should be passed to the flexion when the negative pole should be connected with the instrument and a current of twenty milliamperes introduced for five minutes, when the instrument will pass through readily. Three sizes larger may be used successively the first time. This treatment should be repeated twice a week until the larger sized electrodes may be passed to the fundus without difficulty. Faradism must be employed to give tone to the walls of the uterus. It should be given at the close of the galvanic treatment for at least five minutes. The effect upon the patient is always beneficial. They feel lighter and lose all sensations of a disagreeable nature such as bearing down, pain, and a sense of fullness.

In dysmenorrhea of a neurotic origin, the sinusoidal currents given in an electric bath are successful. The baths should be given three times a week, for one month.

In membranous dysmenorrhea, the positive pole is used in the uterine cavity the day menstruation ceases. Begin with forty

milliamperes and increase gradually to one hundred. This treatment should be repeated after each menstrual period for three or four months.

If medical and electrical procedure fail, the patient must resort to surgical measures. A thorough dilatation of the uterine canal, followed by a curettage and uterine packing will not only relieve obstruction but will produce stimulation and improve local nutrition.

When the patient has fully recovered from the operation, local treatments of electricity and dilatation should be given weekly for two or three months to make the cure a permanent one.

The prognosis of most cases of dysmenorrhea is favorable if the treatment is persistent. Nearly every case can be benefited or not entirely cured. The cases where a cure cannot be effected are those in which there are structural defects not amenable to treatment, but with patience on the part of both the doctor and the patient even these cases may be helped.

New York City.

HOW TO PREPARE AND CONDUCT NORMAL LABOR.

BY J. NORDBROCK, M. D.

Read at the meeting of the Kings County Eclectic Medical Society.

So much is written about the conduct of complicated cases of labor, that few words may not come amiss, reminding the physician, that great care also should be used in the conduct of normal labor.

I will therefore describe the routine which I follow, when I am engaged a few months before the time of confinement.

After having carefully examined the patient and assured myself that it is really a case of pregnancy, I procure a quantity of the patient's urine, and examine the same as to albumen, sugar and casts.

This examination I repeat once every month, up to the last month of pregnancy, when I examine the urine once every week.

Having in the meantime acquainted my-

self with the family history, I instruct my patient carefully as to diet, exercise, clothing and general hygiene.

I advise light outdoor exercise, and a good nourishing diet, of which meat and alcoholic beverages should form only a very slight percentage.

I also instruct the patient as to the necessity of frequent bathing, for the purpose of keeping the skin healthy and active.

The clothing should be worn loosely, and corsets should be abandoned.

A great many patients will object to this, but these can use a corset waist as a substitute.

The nurse should be engaged at an early date and instructed as to her duties. About a week or two before the expected accouchement I call and re-examine the patient to see what progress has been made.

I also instruct her as to the room, which should be light, airy and clean. The room should also not be too warm.

The bed should be rigid and placed so as to enable me to manipulate my right hand.

The mattress is to be covered with rubber sheeting or oil cloth, over this a white sheet is to be placed, on top of this again a piece of oilcloth about three feet square. Directly under the patient I placed a pad. I also satisfy myself that there is the necessary clothing for both mother and baby, which should consist of the following:

Three or four abdominal binders of unbleached muslin about one and a quarter yards long and about nine inches wide: several bed pads, each two feet square. One pound of absorbent cotton and a few yards of sterile cheese cloth, cut in pieces 6 inches by 1 foot, for vulva pads. A small blanket, to wrap the baby in. A fountain syringe, douche pan, a few basins, towels, clean bed sheets, two ounces of vaseline, small and large safety pins and clean aprons.

When calling at the beginning of labor, and being made aware that the patient's bowels have not moved, I order an emema

of two quarts of warm water and four ounces of glycerine.

I then scrub my hands in Lysol solution the nurse in the meantime preparing the patient for examination with antiseptics.

This is sometimes objected to, but upon explaining to the patient the dangers of infection I experience no further trouble.

I then lubricate the index finger of my right hand with vaseline and make a thorough examination.

This should not be done too often. I never leave a patient with a two or three finger dilatation.

I endeavor to keep her on her feet as long as possible.

If contractions are poor, I order either quinine or strychnine or viburnum prunifolium or strong coffee.

If, however, the contractions are very strong and painful, I order twenty grains of chloral hydrate to be divided into four doses, of which one is to be given every half hour.

As soon as the bearing down is severe enough to require immediate attention the Kelly pad is covered with a sterile napkin, made ready, and the patient is required to lie down.

In the last stage I sometimes give a little chloroform to ease the patient and to relax the muscles, but I remove the mask at once when the head protrudes. A convenient position is to keep the patient on her side, because the muscles are not so tense and the perineum can be easier protected.

When the head is born I wash the mouth and eyes with a concentrated solution of boracic acid.

When the child is born I leave the umbilical cord untouched for a few minutes, to give the baby the benefit of the maternal blood.

When the cord is properly tied and cut the nurse wraps the infant in a blanket and places it on one side.

The placenta being extracted by Crede's

method, I always examine it carefully to see whether it is complete.

After the expulsion of the placenta the nurse holds the fundus uteri for a while, so as to get good contractions, while I look for possible lacerations.

After this I inject two quarts of salt solution, clean the patient, apply the vulva pad and the abdominal binder.

Now to the baby.

I look for abnormalities about the eyes, mouth, tongue, genitals, anus and limbs. Being satisfied in this respect, the nurse greases the entire body with vaseline, before he bathes the child.

After this I cover the umbilicus with lint and cotton and adjust the stomach band.

An hour or two afterwards the baby can be urged to take the breast, as this will help to contract the uterus.

Before leaving I take the temperature of both mother and child and instruct the nurse concerning the diet. After the lapse of from eight to ten hours I make my first call and inquire whether both mother and child have urinated.

Before using a catheter, if the answer has been in the negative, I advise warm applications.

Thereafter I make daily visits, take the temperature and syringe the patient.

On the third day I prescribe half an ounce of oleum recini.

The patient is not permitted to leave the bed before the tenth day.

I then make a vaginal examination and advise the necessity of extreme care. I also inspect the baby.

In my obstetrical bag can be found: Lysol, antiseptic corrosive sublimate tab-soap, acetic acid, ergot, boracic acid solution, vaseline, uterine and dressing forceps, obstetric forceps, volsellum forceps, perineum needle, silk, catgut, chloroform and mask, fountain syringe with glass tube, glass catheter, nail brush, cotton and iodiform gauze.

In conclusion I wish to say, that if all

physicians would abide by the rules mentioned, the so-called child bed fever would be of rare occurrence.

No. 1260 Jefferson Ave., Brooklyn.

RESPONSIBILITY IN MEDICINE.

BY JOHN URI LLOYD.

The far reaching question of personal responsibility and the limit to which responsibility extends, is one that this writer has often pondered. Take medicine as an example. It is not, in my opinion, true that one's responsibility as a physician ends with the prescribing of a remedy, or as a pharmacist with the making of a medicine. Nor does one's ethical interest lie in either the personal satisfaction that comes from a cure that extends one's reputation, or in being able to prepare a remedy better than some other person, if these points only claim our thought. There is a factor in it all outside the personality of the physician who prescribes and of the pharmacist who makes the preparation employed, a factor that overshadows the individuality of either man, making secondary both the professional conspicuity of the one and the business position of the other.

To state it fairly, in my opinion, the most conspicuous factor in this thing we call medication, the most vitally concerned party is neither the physician nor the apothecary, and the least worthy of all factors connected with the subject is the money return that comes in the one case for professional services and in the other case from expertness of art. This is a triangular movement, this thing of medication of the sick, and the base of the triangle is the patient who suffers. Brush out professional conspicuity of either medicine maker or medicine prescriber; blot out all material valuations, in contrasting therewith the interest of the sufferer whose life is at stake. The question of money vanishes, the question of fame is less than secondary.

I maintain that the one person most interested in medicine, in the success of medi-

cine, in the science of pharmacy, in the evolution of these professions and arts, is the *public*, whose life rests in our hands. And believing this firmly, believing that this work we are concerned in is a great ethical trust which obligates us to care well for humanity, that places in our hands in confidence the lives of the loved ones of our nation, I insist we should pass all minor considerations, blot out self-conspicuity, think ever of those to whom medicine means far more than either fame or fortune.

True it is that many people whom we serve do not so consider our calling. They seek our services, and after the cure is effected, forget that we have a material side and must live. The physician who reads this will think of many bills, in which men, able to do them justice, placed a less money valuation on the lives of their loved ones than the usual services of a poorly paid professional man asked, for many bills are unpaid where life was saved. But this fact does not alter this argument as a broad statement.

True it is also that some physicians seek to inject shady money-saving methods into their profession when a bit of reasoning should teach them the fallacy of the argument that risks a life for the fraction of a cent. And, alas, it is also true that with eyes closed to the effect of such a course, pharmacists there are who mislead physicians who trust their word. To cater to the wishes of physicians who care nothing for this public whose lives rest in their hands, to misrepresent, mislead and make remedies that are either counterfeit or mislabeled, and find purchasers for such remedies, is worse than dishonest. These things are true, of some persons, and yet such competition does not induce physicians and pharmacists, who comprehend the responsibility of their calling from striving to do their full duty to those whose most sacred interests are in their care.

I use the word *sacred* advisedly, but perhaps not according to dictionary definition.

Who will deny that a mother's, a son's, a daughter's or a husband's life is not beyond such fields as govern men whose aim is such a field as literature, art, business or ordinary professional honors? Sacred is this trust we hold towards humanity, and as such should be considered when one either prescribes or prepares a remedy.

And I will assert without fear of contradiction from any man of ethical thought, from any judge or student of humanity's work and part in life movement, that the responsibility of him engaged in medicine, either as physician or pharmacist, is that of one whose part cannot be fairly, honorably and earnestly filled unless he stand upon the very highest ethical plane. A sacred trust is this, the care of human life.

Cincinnati, Ohio.

THE ETIOLOGY OF TUBAL PREGNANCY.

BY MAX AUGSBURGER, M. D.

The most common of the extra-uterine or ectopic gestations is that in which the ovum becomes arrested and develops in some part of the fallopian tube, usually near the ovarian end, giving us what is commonly known as tubal pregnancy. The other varieties of extra-uterine pregnancies are extremely rare, and many writers now advance the theory that abdominal pregnancies are all tubal in origin, and that the bursting of the distended tube allows the ovum to drop into the abdomen, and there attach itself.

It is only within the past few years that obstetricians have begun to recognize the importance of this abnormal arrest of the ovum; many cases which were formerly diagnosed and treated as pelvic hematocoele (which is now rarely met with) were undoubtedly nothing else but ruptured tubal pregnancies.

Statistics relating to this form of pregnancy all concur on the following points, viz.: It usually occurs in women who

are between 20 and 35 years of age, and in many cases after a protracted period of sterility.

In order to thoroughly understand the cause of this abnormal attachment of the ovum allow me to call attention to the following well-known facts regarding impregnation, and how the impregnated element finds its way into the uterus in a normal gestation.

It is now a positive fact that impregnation takes place either at the ovarian end of the fallopian tube or upon the surface of the ovary. Our reason for believing this to be the case can readily be seen by comparing the male and female elements of reproduction. The female element (ovule) is a passive body, it has no power of motion; in order to reach the uterine cavity it must be pushed along by the action of the tube. The ovule is also lacking in vitality. It perishes after its escape from the follicle unless it is soon impregnated. On the other hand, the male element (spermatozoa) have both vitality and power of motion. If kept at the temperature of the body they will remain active from six to ten days after ejaculation. They have been found active in the testicles from three to four days after death. They also have power of motion; by means of their filamentous tail they propel themselves along the canal, travelling an inch in from seven to eight minutes. Thus we find that it is the spermatozoa which must do the travelling and lying in wait for the ovule as it escapes from its follicle, which proves that impregnation must take place at the ovarian end of the tubes. The spermatozoa travel by their own power; they will pass through the fallopian tubes to the ovary as long as the canal is open, and as they require but a small opening (they measure only 1-500 of an inch), they will usually pass in spite of most any obstruction which might be there. But

not so with the ovule after its impregnation; to reach the uterus it must be rolled along by the delicate action of the tube, and here is, no doubt, to be found the cause of the ovarian arrest in the tube. The action of the tube is a double one: it has a peristaltic action, which begins as a tremor at the free end of the tube and travels toward the uterus; the tendency of this action is to carry whatever is in its canal toward the uterus. Besides this we have the ciliated epithelium lining the tube waving toward the uterus; this causes a suction action and draws whatever is in the canal toward the uterus. If either one or both of these actions of the tube fail, the result will be an arrest of the ovum in some part of the tube.

Having made a careful investigation of all cases of tubal pregnancies brought to my notice, I have come to the conclusion that the most prolific cause for this arrest and development can be traced to gonorrhœa. It is but a few years since we held the opinion that gonorrhœa in the female is confined to the vagina, never thinking that the many cases of salpingitis (which frequently required the removal of the pus tubes), were the result of gonorrhœa. The credit for calling the attention of the profession to the extension of the inflammatory process, not only into the uterus but even into the fallopian tubes, is due to Dr. Noeggorath of this city, who sounded the keynote when he stated that "where syphilis kills its thousand gonorrhœa kills its ten thousand."

An inflammation of the fallopian tubes follows the same course as an inflammation elsewhere. All mucous membranes when inflamed shed their epithelium. Ordinarily, the epithelium is only a protective, but not so in the tubes. We have seen that they are here needed to propel the ovum along the tube. If the epithelium in the tube is swept away by

an inflammatory process the tube is robbed of one of its means by which it propels the ovum to the uterus, which favors the arrest of the ovum during its travel. Were this the only factor favoring a tubal arrest it might be overcome by the peristaltic action of the tube, which alone might carry the ovum along. But even the peristalsia is interfered with by the inflammatory process. There is usually a considerable amount of plastic lymph poured out as the result of the inflammation, which produces a thickening of the tube, and greatly interferes, if not preventing entirely the peristaltic action from taking place. The result of this interference in the fallopian tube can readily be imagined. The tube is robbed of both of its means whereby the ovum is propelled to the uterus. The ovum travels to the part where there is the inflammatory thickening and loss of the epithelium; it cannot be propelled further; it attaches itself and develops, "a tubal pregnancy."

Brooklyn, N. Y.

THE CASE OF NELLIE CORCORAN.

In consideration of the fact that the case of Nellie Corcoran, the "Sleeping Girl," as she is called by the daily press, is at present exciting a great deal of interest, and in further consideration of the fact that two Eclectic physicians have been prominently connected with the case from the beginning, it does not seem out of place if the writer, who is one of the physicians who has been in attendance on the case, and the one who succeeded in wresting the first word out of the girl's mouth after an absolute silence of thirteen days, gives here a description of the case.

In view of the fact that the case has been discussed in the daily press, and the full name of the patient given, the writer

does not think that in speaking of the case he can be accused of violating the laws of professional secrecy.

I was called to see the case on Sunday morning, October 19th, at nine o'clock, by Dr. Charles W. Brandenburg, in consultation, and as he had sent me the message that it was a case of poisoning, I arrived at the residence of the patient a few minutes after nine o'clock, armed with stomach tube, antidotes and so forth.

The history of the case, as given to me on my arrival by Dr. Brandenburg and the lady in whose home the girl worked as a servant, was as follows:

Nellie had gone to bed at about ten o'clock the evening before and failed to get up at the right time in the morning for the purpose of preparing breakfast. The lady of the house went into the girl's room and found her in bed in a condition from which she was unable to rouse the girl. She at once sent for Dr. Brandenburg, whose office is in the same building, and Dr. Brandenburg on his arrival found the girl in a comatose condition.

The history that he could obtain was only this, that the girl was a sufferer from frequent headaches, and had tried various headache remedies therefor.

He discovered in her room a small box containing five-grain tablets of Antikamnia, or, rather, a box that had contained three such tablets, as only one of them was remaining in the box.

Dr. Brandenburg at once gave the girl an enema of salt water, and this was the only thing that had been done up to my arrival—about one hour and a half later.

When I stepped into the room in which the girl lay on the bed I found a young girl of about eighteen years in an entirely comatose condition. Upon examination I found the pupils very much contracted. The pulse could hardly be felt at the wrist. The pupils did not react to

light. There was no strabismus. No corneal reflex. There was perfect anæsthesia, so that pricking the girl with a pin on different parts of the body elicited no sign of feeling or consciousness.

There was no sign of spasm, and the picture was so much like that presented by a case of morphine poisoning that I felt myself forced to treat the case as one of coma from an overdose of morphine, especially as I knew that this treatment could do no harm even if the poisoning had been caused by some other narcotic, while any delay in applying treatment was on account of the weak heart and the undiscernible pulse, likely to be followed by "exitus lethalis" during my presence at the bedside of the patient.

I at once inserted an improvised mouthgag, and passed the stomach tube, and thereupon washed out the patient's stomach three or four times with warm water.

Then I injected into the stomach through the stomach tube about a quart of strong black coffee.

The other treatment which the patient received from my hands, with the assistance of Dr. Brandenburg, were hypodermic injections of Apomorphine, Nitroglycerine, Digitaline and Strychnine.

After an hour and a half the condition of the patient had improved so far that I thought it safe to return to my office for the purpose of attending to some of my patients. On my return, about an hour later, I found the patient very much improved. The pupils were normal and responded to light. Feeling had returned slightly. I remained with the patient until about one o'clock, and during that time the condition of the patient improved steadily, so that the patient moved her limbs whenever she was pricked with a pin, and began to moan and to mutter; as she, however, had started to bite her tongue, and I was afraid that she might

injure this organ, I had inserted a lock-jaw dilator into her mouth.

As the employers of the patient preferred that she be removed to the hospital, an ambulance was sent for, and the girl was removed at that time to St. Vincent's Hospital.

The girl lay in the hospital without regaining consciousness until Thursday, October 30th, about three o'clock in the afternoon. At that time I visited the hospital and received permission from one of the house physicians to see the patient.

I was informed by him that the girl had been treated for narcotic poisoning for another day or so, but that, as she did not regain consciousness, this theory had been abandoned, and that up to the time of my arrival the attending and consulting physicians of the hospital had not arrived at any diagnosis.

He also showed me, very kindly, the temperature chart, which showed that at the time of the removal of the patient to the hospital the temperature had been nearly normal, but had steadily increased, and when I saw her the temperature had just been taken by rectum, and it was stated to be 104.6 degrees, while the pulse was 158. The patient had, as I understood, been fed sometimes by stomach tube, at other times by mouth, and had swallowed. The pupils when I saw her were normal, responded to light, and there was no strabismus.

I examined the patient superficially, as I did not feel that I had any right to do any more, as I was only a visitor, but discovered that when I opened the patient's eyes they followed me, while when the nurse opened her eyes she seemed to see the nurse.

This and various other details caused me to believe that, although the fever might be genuine (in some cases even fever can be simulated by patients by compressing the bulb of the thermom-

eter), that the trancelike condition in the patient was caused by auto-suggestion.

I therefore proceeded on those lines, and, speaking to the doctor and nurse about the case and the diagnosis, I suddenly turned upon the patient and said in a loud and cheerful voice, "Good-by, Nellie."

"Good-by," came back to me from the lips of the patient, to the apparent astonishment of both the doctor and nurse.

I thereupon left, after suggesting to the physician in attendance, a very pleasant gentleman, that the girl was undoubtedly suffering from two distinct conditions; namely, a disease causing the fever and hysteria. My conclusion was that quinine might be a good remedy for the fever, while various remedies were bound to be successful to force the young girl to speak.

One of the methods suggested by me was to anæsthetize the patient with ether, as then the patient would be very likely to speak either while being laid on the operating table or during the first excitement of the ether narcosis, or again while the patient was recovering from the effects of the anæsthetic.

I have not seen the case since. I must thank one of the physicians of the hospital for the way in which he reported the result of my visit to the representative of the *New York Press*, the only paper which was informed by some member of the hospital staff of the occurrence.

As I understand, since then all the methods suggested by me have been tried at the hospital and, as it seems, with good success, for from that time on the young girl seemed to be willing to talk to anybody who cared to talk to her.

After my visit the fever declined rapidly, although I notice by the daily papers that the death of the young girl is expected by the hospital staff, who now have come to the conclusion that the pa-

tient is suffering from a rare form of meningitis.

Whether the girl will die or not I am unable to state; neither can I say what she really is suffering from, besides hysteria or auto-suggestion. Yet this cannot be expected, considering that I have not had any fair chance of diagnosing the patient's disease, as I was at her bedside only for a few minutes over a week ago.

Yet would I like to draw attention to the fact that I made her speak at just that time when her temperature was highest and her pulse most frequent, namely, 104.6 and 158, respectively.

This, to my mind, would exclude meningitis, as with meningitis the patient would hardly be likely to recover consciousness just at the time when the temperature is highest.

ALFRED W. HERZOG, M. D.,

154 East 30th Street, New York City.

NATIONAL CONFEDERATION OF ECLECTIC MEDICAL COLLEGES.

PREAMBLE.

At the Annual Meeting of the National Eclectic Medical Association, held at Niagara Falls, New York, June 19th, 20th, and 21st, 1894, the following resolution, recommended by the Committee on Medical Colleges, was adopted unanimously:

"RESOLVED, That the Committee on Medical Colleges recommend the organization of an Eclectic Medical College Association, composed of two delegates from each College recognized by the National Association; and that the Committee on Medical Colleges be given power to sanction any action taken by said organization."

H. WOLGEMUTH, M. D., *Chairman*.

JOHN K. SCUDDER, M. D.,

E. YOUNKIN, M. D.,

V. A. BAKER, M. D.,

H. H. GREEN, M. D.,

Committee.

Following the adoption of the above, the "National Confederation of Eclectic Medical Colleges" was organized, and a constitution adopted, of which Article II. is herewith appended:

"The objects of this Confederation shall be to maintain organized co-operation between the Eclectic Medical Colleges recognized by the National Eclectic Medical Association; for the purpose of promoting the mutual interests of said Colleges, establishing uniform minimum requirements and curriculum, and furthering the cause of higher medical education."

MINIMUM REQUIREMENTS.

The following are the present minimum requirements as revised in June, 1902;

I.—PRELIMINARY REQUIREMENTS.

Creditable certificate of good moral character.

Good English education, to be attested by (a) first grade teacher's certificate; or (b) a diploma from a graded high school, or literary or scientific college or university; or (c) regent's medical student's certificate; or (d) entrance examination covering a good English education, including an elementary knowledge of natural history, physics, and latin.

2.—ADVANCED STANDING.

Graduates from pharmaceutical, dental, and veterinary colleges may be allowed one year's time on a four year medical course only on condition that they comply with the entrance requirements, and pass all examinations and perform all laboratory work embraced in the course of study of the Freshman year. One year's advanced standing may be given students with degrees from a recognized literary college.

3.—COURSE OF INSTRUCTION.

The course of instruction shall consist of a four-year graded course or its equivalent, as herein prescribed, including four sessions of six months each in four different calendar years.

The following graded course is recommended:

BRANCHES IN THE FRESHMAN YEAR.

Anatomy, dissection, osteology, chemistry; physiology; histology; materia medica, and pharmacy.

Examinations to be held on all first year studies, and be final in chemistry, osteology, histology, materia medica and pharmacy.

BRANCHES IN THE SOPHOMORE YEAR.

Anatomy, dissection; toxicology; physiology; pathology; bacteriology; therapeutics, physical diagnosis, hygiene, minor surgery and bandaging.

Examinations in all second year studies, and final in anatomy, toxicology, physiology, pathology, bacteriology, physical diagnosis, hygiene, minor surgery and bandaging.

BRANCHES IN THE JUNIOR YEAR.

Practice and principles of medicine: therapeutics.

Diseases of children.

Surgical anatomy, and operations upon cadaver.

The principles and practice of surgery.

Gynecology, obstetrics, electro-therapeutics; medical jurisprudence.

Examinations in all third year studies, and final in therapeutics, surgical anatomy and electro-therapeutics.

BRANCHES IN THE SENIOR YEAR.

Principles and practice of medicine.

Diseases of children.

Principles and practice of surgery.

Gynecology, obstetrics.

Diseases of the eye and ear, nose and throat.

Venereal diseases and dermatology, medical jurisprudence.

In addition to the above branches, the students in the junior and senior year are required to attend clinics and autopsies and do practical laboratory work in medical diagnosis.

4.—ATTENDANCE AND EXAMINATIONS.

Regular attendance during the entire lecture course is required; allowance for absence to be made only when occasioned by the student's sickness; such absence not to exceed twenty (20) per centum of the course.

Regular examinations or quizzes to be made by each professor or lecturer from time to time during the term.

Final examinations, on the branches held, to be conducted by competent examiners.

Each student shall have dissected the lateral half of the cadaver. The dissections

Attendance upon clinical and hospital instruction, and instruction at autopsies. to be in two separate years.

5.—REQUIREMENTS FOR GRADUATION.

Attainment of twenty-one years of age.

Creditable certificate of good moral character and good conduct while in college.

Attendance on four courses of medical lectures of six months each in different years.

Regular attendance during the course of lectures, clinics and quizzes.

Satisfactory examination in all branches, with a rating of not less than seventy-five (75) per centum average.

Attendance on two courses of lectures on anatomy and the dissection of a lateral half of the cadaver.

Note.—The foregoing are the MINIMUM requirements of colleges belonging to the Confederation; most of the colleges require more than the foregoing.

The next Annual Meeting of the Confederation will be held at Indianapolis, Indiana, June 9-11, 1903.

For further information address

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THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

FALL AND WINTER REMEDIES.

In the treatment of bronchitis, pneumonia and other diseases incidental to the fall and winter months, the remedies herein named are perhaps the most frequently needed. Indeed, the physician who is thoroughly conversant with their great range of curative power can do an unusually successful practice with them alone. The drugs referred to, and their most prominent specific indications, are as follows:

Aconite.—Small and frequent pulse with increased temperature; hard, dry, painful cough; expectoration streaked with blood. *R.* Specific Aconite, gtt. iii to x, water, $\tilde{\text{iv}}$; teaspoonful every hour to every two hours.

Belladonna.—Dusky redness of the surface from capillary congestion; patient dull and inclined to sleep; eyes dull and pupils dilated; deep aching of the loins and back, with a sense of fullness; dull, heavy headache; sleeping with the eyes but partially closed; night-sweats of consumptives; diseases of the brain when there is a sense of fullness, dizziness, drowsiness, and dull, heavy aching; incontinence of urine. *R.* Specific Belladonna, gtt. iii to x, water, $\tilde{\text{iv}}$; teaspoonful every hour or two.

Bryonia.—Difficult breathing, with painful, harrassing cough, which is made worse by coughing; pneumonia when there is tensive, tearing or sharp lancinating pain; hacking cough; pleurisy when there is sharp and lancinating pain; diseases of serous membranes when there is tensive, tearing or cutting pain; rheumatism when the pain is of a tensive, and cutting character, and aggravated by motion; inflammation of the

mammary glands when there is costal pain and soreness; headache on right side, extending from the forehead to the occiput, when the pain is constant and severe, but without sharpness; rheumatism about the joints, characterized by stiffness, soreness and swelling; paralysis following rheumatism; profuse diarrhoea when the discharges are of a clay color; catarrhal conditions with acrid, burning, watery discharges from the nose; frothy bronchial expectoration, streaked with blood; muscular pains about the chest. *R.* Specific Bryonia, gtt. v to x, water $\bar{\text{v}}$ iv; teaspoonful every hour.

Cactus.—Irregular action of the heart; uneasy sensations in the region of the heart; intermittent pulse; sensation as if a band were tightly bound around the chest or head; palpitation; shortness of breath on slight exertion; fear of impending danger. *R.* Specific Cactus Grand. gtt. x to $\bar{\text{v}}$ i, water, $\bar{\text{v}}$ iv; teaspoonful every hour to every three hours.

Collinsonia.—Irritation, with a sense of constriction in the larynx; oppression, with tightness in the epigastrium; painful constriction in the rectum; hemorrhoids, with a constriction of the sphincter, and a sense of a foreign body in the rectum; functional diseases of the heart; chronic laryngitis; cough arising from excessive use of voice, and the cough caused by diseases of the heart; catarrhal conditions of the respiratory mucous membranes; catarrhal conditions of the genito-urinary organs; spasmodic conditions of the stomach and intestines; hemorrhoids in the pregnant female. *R.* Specific Collinsonia, gtt. v to x, water, $\bar{\text{v}}$ iv; teaspoonful every hour to every three hours.

Gelsemium.—Flushed face, unnaturally bright eyes and contracted pupils, with increased heat of the head; pain in the entire head; restlessness and indisposition to sleep; urine passed with difficulty and in small quantities, with a sense of irritation of the urinary organs; child rolling head from side to side; irritation and determination of blood

to the brain; sudden movements of extremities or facial muscles; rigidity of the os uteri, it being thin, sharp and unyielding; neuralgia and nervous headache; sense of constriction in the loins, with tensive or drawing pain seemingly in the spine. *R.* Specific Gelsemium, gtt. x to xxx, water, $\bar{\text{v}}$ iv; teaspoonful every hour.

Ipecac.—Irritation of the stomach, large or small intestines; irritation of the bronchial mucous membranes and air-cells; irritation of the mucous membranes with increased secretion when the tongue is narrow and pointed; profuse menstruation; passive hemorrhage; nausea and vomiting when tongue is narrow and pointed; hoarseness following coughs and colds. *R.* Specific Ipecac, gtt. v to xx, water, $\bar{\text{v}}$ iv; teaspoonful every hour.

Phytolacca.—Enlargement, inflammation or pain in glands; mucous surfaces of the fauces and full of dark color, the tonsils swollen, throat dry, covered with patches of tenacious secretion or ash-colored exudation; depressed function or imperfect secretion; fatty degeneration of the heart. Locally: Threatened abscess in glands. *R.* Specific Phytolacca, gtt. x to xxx, water, $\bar{\text{v}}$ iv; teaspoonful every hour.

Rhus Tox.—Bright flushing of the surface; burning sensations, especially in the urinary and genital passages; nervous excitement causing children to start up in a frightened manner from sleep; bright red flush of the left cheek; pains in the frontal region and orbits which are most severe on the left side, especially when giving a burning sensation; pains in the back and thighs, accompanied by a burning sensation, and sometimes numbness in the parts; pains in the lumbar and sacral regions, extending down the thighs, and accompanied by a sense of burning in the parts; diarrhoea of typhoid fever when the tongue has red spots on the upper surface of its tip; erysipelas when the part affected shows vivid redness, vesicles form, there is a burning pain, and

the pulse is small and sharp. *R.* Specific Rhus, gtt. v to x, water, ℥iv ; teaspoonful every hour.

Veratrum.—Full and frequent pulse; pulse full, strong and intense, the carotids pulsating forcibly, with cough, headache and weight in the epigastrium; full pulse with such rapid action of the heart that sleep is prevented; convulsive conditions when the pulse is full and indicates great vascular excitement; sthenic fevers and inflammations.

R. Specific *Veratrum*, gtt. v to xx, water, ℥iv ; teaspoonful every hour.

POISONING.

(Continued from page 291.)

ACONITE.

One drachm of the root, one ounce of the tincture and four grains of the alcoholic extract of *Aconitum Napellus* have caused death. The root of aconite has frequently been mistaken for the root of horse-radish, and serious results caused thereby. Death may be due to what may be called almost or sudden and complete collapse, or to asphyxia from paralysis of the respiratory muscles. *Aconitum Ferox* is a still more dangerous plant than *Aconitum Napellus*.

Diagnosis.—The symptoms caused by poisoning by Aconite are heat, numbness and tingling in the throat, giddiness, loss of muscular power, pain in the abdomen, vomiting, purging, sometimes delirium and slight stupor, usually dilated pupils, cold skin, feeble pulse, oppressed breathing, and dread of approaching death. The patient is fully conscious, though numb and paralyzed, till death suddenly occurs after two or three hurried gasps. If a large dose has been taken death may occur in less than an hour, but sometimes a much longer period elapses before death.

Treatment.—Emetics should be given promptly or the stomach pump employed immediately. Castor oil and animal charcoal are also indicated, and benefit will be derived from the free use of strong coffee.

Ammonia is recommended as a remedy of usefulness in this class of cases. The patient's back and limbs should be vigorously rubbed with hot towels, and artificial respiration, when necessary, should be persistently employed.

ALCOHOL.

Alcoholic liquors, when taken in very large quantities, frequently cause death.

Diagnosis.—The symptoms of poisoning by alcohol, passing over the symptoms of a case of moderate intoxication, are complete stupor and coma, and, unless free vomiting takes place, collapse soon sets in. The face is usually flushed, but it may be very pale. The pupils are dilated, (*not* contracted as in poisoning by opium). The person can be roused by a loud noise. This fact aids in distinguishing profound intoxication from concussion of the brain. As alcohol is eliminated by the lungs, the breath gives off an odor of it, but it should always be remembered that persons becoming ill may have taken stimulants, which fact would cause an odor of alcohol. Therefore, no case should be diagnosed as "drunk" until after a careful examination has been made. Alcoholic liquors are sometimes used as vehicles of more deadly poisons, and habitual drinkers may have taken, or been given, poison. In all such cases the breath might have the odor of alcoholic liquors.

Treatment.—Stimulant emetics, especially mustard, should be given at once, or the stomach pump used. Cold water may be applied to the head, but not to the body, which is usually cold and clammy. The carbonate of ammonia is the remedy most markedly indicated. Subsequently warmth should be promoted.

AMMONIA.

This is a colorless gas when pure, but it is commonly met with dissolved in water, and known as liquor ammoniæ. Its vapor is poisonous, and may prove fatal by producing inflammation of the larynx and trachea, and even of the lungs.

Diagnosis.—This form of poisoning may be detected by means of a glass rod dipped in acid and held near the mouth. When the substance has been swallowed there is a sensation of excoriation and burning extending along the mouth and throat to the stomach, pain in the epigastrium, and there is tenderness on pressure. Frequently there is cough, hoarseness, dyspnoea, and vomiting of altered mucus, mixed with blood, and detached portions of the mucous membranes. The tongue, mouth and fauces become swollen, soft and flabby, and swallowing is very difficult. Surfaces of the body become cold and moist, the pulse small and feeble, and there is severe pain over the abdomen with diarrhoea.

Treatment.—The poison should be neutralized by the free use of vinegar and water. Then acidulated demulcent drinks should be given. Lemon juice and orange juice are good. Oils are of little, if any, are good.

The stomach pump should not be used.

CARBONATE OF AMMONIA.

The Carbonate of Ammonia is quite commonly known as Hartshorn. It is entirely volatile, and has a pungent odor.

Diagnosis.—In poisoning by this agent there is a sensation of excoriation and burning extending along the mouth and throat to the stomach, pain in the epigastrium, vomiting of altered mucus, mixed with blood and detached portions of the mucous membranes, the tongue, mouth and fauces are swollen, soft and flabby, and swallowing is difficult. The surfaces of the body become cold and moist, the pulse small and feeble, and there is pain over the abdomen with diarrhoea.

Treatment.—Sufficient vinegar and water to neutralize the poison should be given promptly. This should be followed by acidulated demulcent drinks. Orange juice and lemon juice may be used. The stomach

pump cannot be safely used in this case. Oils are of little, if any, value.

ANILINA.

Aniline is a colorless, oily, inflammable liquid product of the destructive distillation of coal in gas making. It has a burning taste. The colors known as aniline are produced by its oxidation. When swallowed, as well as when inhaled in vapor, it gives rise to dangerous symptoms.

Diagnosis.—The symptoms of poisoning by aniline are staggering, loss of sensibility and motion, quick pulse, rapid respiration, blue discoloration of the skin, lips and nails, headache, giddiness, and weakness of the legs. Death usually occurs during a convulsion, but in some cases in coma.

Treatment.—Speedily acting emetics should be promptly and freely given, and followed by free stimulation.

(To be continued.)

CHLOROFORMUM PURIFICATUM.

The following is taken from the "Essentials of Modern Materia Medica and Therapeutics," by Dr. J. W. Fyfe, now being published by the Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio.

Common Name.—Chloroform.

Description.—Chloroform is obtained by distilling a mixture of chloride of lime and alcohol. It is a heavy, clear, colorless, diffusive liquid, of a pleasant, ethereal odor and neutral reaction. It is soluble in about two hundred parts of water, and in all proportions in alcohol and ether. Chloroform used in medicine is not chemically pure. It is chloroform sufficiently reduced with alcohol to prevent decomposition. Chemically pure chloroform rapidly decomposes when exposed to light.

Dose.—30 to 60 drops, internally; for inhalation, 1 drachm is used, and this should be renewed every three or four minutes until the desired effect takes place.

Usual Dose.—5 to 20 drops, internally.

Indications.—Internally: chronic vomit-

ing from nervous causes; irritative cough. Locally: painful conditions and spasms. By inhalation: nearly all cases requiring speedy relaxation of the muscular system, and whenever it is desirable to produce unconsciousness or insensibility to pain.

In chronic vomiting from nervous causes, as in pregnancy, chloroform has been used with a fair degree of success. In irritative cough five drops may be added to four ounces of water, and a teaspoonful given every five or ten minutes during the paroxysms of coughing. During the intervals a teaspoonful should be given every hour or two. The most important mode of using chloroform is by inhalation, and by this method it is used under a variety of circumstances to produce loss of consciousness, general relaxation, and loss of sensibility. In puerperal and hysterical convulsions it is the most certain remedy known.

In my obstetrical practice I have used this agent freely for many years, and have never known any evil effects to result from its exhibition. My manner of using the anæsthetic is as follows: Fold a napkin or towel in such a way as to form a cup-shaped cavity, and at the bottom of the cavity place a piece of cloth folded to fit; then pour into the cavity about one-half drachm of chloroform, and allow the lady to take the napkin in her hand and inhale the vapor freely. As soon as she has inhaled enough of the anæsthetic to modify the pangs of labor and produce relaxation of the muscular system her hand will drop away from her mouth and nose, and in this way apply the safety valve; for up to this stage of anæsthesia chloroform is quite free from danger.

Chloroform internally is sedative, antispasmodic, anæsthetic and stimulant. In overdoses it is a poison.

APOCYNUM.

Apocynum Canabinum is a remedy of varied usefulness, and when the symptoms clearly call for its exhibition it can be em-

ployed with the utmost confidence that it will do its work thoroughly and well.

The most marked and reliable specific indication for apocynum is a puffiness of the face beginning under the eyes. Puffiness of the hands and feet, followed by a general dropsical condition also shows urgent need of the drug. When local or general effusions take place in the latter stages of heart diseases its administration is promptly followed by an improvement in the condition of the heart, and the character of the circulation, and also the gradual removal of the effusion. As a result of this action the sense of oppression disappears and the sufferings of the patient are greatly lessened. In scarlatinal nephritis it should constitute a part of the treatment. When the heart is feeble and the capillary action deficient, a dropsical condition often occurs which may be removed by this medicament. In the menorrhagia which sometimes afflicts females with relaxed tissues and enfeebled kidneys it exerts a curative influence. In some of these cases there is more or less effusion in the lower part of the legs, ankles and feet. Many physicians employ apocynum in sciatica, and claim that it will cure very severe cases. The prescription used is *R. Apocynum* (specific or fluid extract). gtt. xxx, water, $\mathfrak{z}\text{iv}$; teaspoonful every half hour to every two hours.

The dose of specific apocynum is from one to twenty drops. It is usually prescribed as follows: *R. Specific Apocynum*, gtt. x to $\mathfrak{z}\text{ii}$, water, $\mathfrak{z}\text{iv}$; teaspoonful every two or three hours.

SAW PALMETTO.

Dr. J. W. Fyfe, Dear Sir:—My experience with saw palmetto is much in accord with the ideas expressed in your article on this agent in the REVIEW for October. It has frequently been recommended in the journals as a remedy which would invariably reduce the hypertrophied prostate gland, but later observations have clearly

shown that too much was claimed for it. Where the organ has been chronically enlarged, it has but little, if any, effect on the enlargement, but it overcomes irritation. My experience teaches me that the remedy will reduce an enlarged prostate gland when the enlargement has not existed for a long time. In all recent cases coming under my care its effects have been promptly apparent. It increases the general tone, and in this way favors normal functional power of the organs in many cases where there has been more or less impairment. I have used saw palmetto in several cases of bronchitis, and it seemed to make expectoration more easy. I have also employed it in catarrhal conditions of the genito-urinary organs with good success.

H. F., M. D.

Heretofore it has been impossible to obtain a low-priced work containing the essentials of *all* schools of practice. Such a book, however, is now being published by The Scudder Brothers Co., of Cincinnati, Ohio, entitled "The Essentials of Modern Materia Medica and Therapeutics."

Any way it is good policy to appear to be doing something even if the case is hopeless, and you know that your labors can make no difference in the result.

Sometimes the loophole of expediency is as essential to the physician as are his advice and medicines to his patients.

The more guarded the mouth the less often will the physician be charged with what he cannot help.

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, on June 18th to 20th, 1903. J. D. McCann, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 9th and 10th, 1903. W. S. Dart, M. D., president; S. A. Hardy, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; H. J. Doll, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Nov. meeting at the office of Dr. M. B. Pearlstien, 309 Hewes street, Brooklyn. A. L. Palmitier, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. W. J. Krausi, M. D., secretary.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

To the Eclectics of the United States:

Our next annual meeting will be held in Indianapolis, Indiana, June 9, 10 and 11, 1903. You will see by the above date that the meeting will be the second instead of the third week of June.

This change was made by a majority of the committee as best suited the time and place. Ere long the chairman and secretaries of Sections will be sending letters of invitation asking you to prepare papers for their various Sections. May I not bespeak for them a kind and willing hearing? You may receive several letters from different ones, because each one is going to make his or her Section the best it is possible for them to make. Will you please answer as many in the affirmative as possible, if not send them a letter saying you can not. They will then know on whom to depend. It will encourage those who are working if you will reply promptly.

It is thought best not to have so many Sections and we contemplate a combination of Materia Medica and Therapeutics. Specific Medication and Practice, under the one general head of Medicine and devote all of the second day to the discussion of the one great subject so dear to the Eclectic heart, Our Medicine.

The other Sections will be full and rich and more time given to them for the elucidation of the various subjects.

Three Ex-Presidents, all good and true

men, have passed away since my official year began—Drs. Williams, Curryer and Standlee, all members of the finance committee. The loss to me seems personal indeed, because they were all men of action and we needed them for the work yet to be done. We have a great Eclectic host outside the fold of the National Association. Won't many of you come in and help fill up the vacant places?

Indianapolis is a beautiful convention city and accessible to all parts of the country. Ohio, Illinois, Michigan and Kentucky, our very near sister states, will come in great numbers. Our State Society will leave nothing undone to make your reception warm and stay pleasant.

If Texas can send a score and New York and New England as many more, surely the intermediate States will act well their part. Begin now to make preparations and continue with the thought that "I am going to be one who will help make the National a success next year." With that resolve the rest will be easy. Our Indianapolis committee anticipates five to seven hundred. Don't disappoint them, and overwhelm them if you can.

Yours for a successful meeting,
J. D. McCANN, M. D.,
President, N. E. M. A.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Boston District Eclectic Medical Society was held Tuesday evening, October 21st, at the "Thorndike."

The evening was replete with good things. Dr. Edward H. Chamberlain read a very instructive paper upon "The Bacteriological Diagnosis of Diphtheria." This paper with the discussion which followed will appear in the next number of the REVIEW.

Dr. C. Edwin Miles reported a very interesting case of suspected appendicitis when he had conferred with Dr. Maurice Richardson and an operation was performed as a precautionary measure. It was eminently successful.

In the general discussion of drugs and their uses, Dr. Allen called the attention of the Society to the injection of Tinct. Lobelia Seed in urethral stricture as recommended by Prof. Boskowitz. He said the remedy had served him well many times.

Dr. Miles spoke of the use of Piscidia—Jamaica Dogwood—in whooping cough. He had found it of much benefit in that disease. Dr. Allen said that Liquor Sedans was useful in the same affection.

Dr. Miles mentioned the use of Vessicaria Communis in chronic cases of cystitis. He used it in doses of 2 to 20 gtts. every three hours.

Dr. Forbush said that he had used this remedy as a diuretic. He also spoke of Craetigus as a useful remedy in functional heart disease.

PITTS EDWIN HOWES,
Secretary.

KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Kings County Medical Society was held at the office of Dr. M. B. Pearlstien, Monday evening, Oct. 20th.

Dr. A. L. Palmitier, president in the chair. Dr. M. B. Pearlstien, secretary recording.

The minutes of the last meeting were read and adopted.

Communications were received from Drs. J. T. Sibley and S. A. Hardy. Dr. J. Nordbrock presented the paper of the evening, entitled "How to prepare and conduct normal labor." While the Doctor claimed nothing new or original in his paper the discussion that followed was in-

teresting and instructive and many points of importance were brought out. The thanks of the Society were extended to Dr. Nordbrock for his excellent paper.

Dr. Herman Dincin, of 156 17th Street, South Brooklyn, was proposed and elected a member of the Society.

Under the heading of unfinished business, the Secretary presented the matter of Dispensary and Hospital, for Eclectics in Brooklyn, which elicited a great deal of enthusiastic discussion by the members. Special meetings were proposed to discuss organization and ways and means.

Dr. W. I. Louis was appointed essayist for the next meeting and an invitation was extended to the New York Eclectic Medical Society to be present. There being no further business the Society adjourned.

Dr. A. L. Palmitier, President, Dr. M. B. Pearlstien, Secretary.

ECLECTIC MEDICAL SOCIETY,
..CITY AND COUNTY OF NEW..
YORK.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held Thursday evening, Oct. 16, 1902, at the College Parlors, Pres. Herzog in the chair, Dr. Boskowitz recording.

After roll call the minutes of the September meeting were read and action upon them deferred.

Upon motion the society unanimously declared the office of Secretary vacant (Dr. Doll having removed to Buffalo.)

Dr. W. L. Heeve was nominated and unanimously elected to fill the unexpired term of office.

A motion of thanks was extended to Dr. Boskowitz for his services as secretary pro tem.

Dr. Herzog proposed the names of Drs. H. Scimeca, Albert Kiraly and H. Harris for membership. They were referred to the Board of Censors.

Dr. Heeve resigned as member of the Board of Censors, Dr. Saison was elected to fill the unexpired term of office.

Dr. Schultz reported an interesting case of typhoid fever.

Dr. Toms reported a case of glandular disease. Both cases were discussed by the members present and a motion of thanks was extended to Drs. Toms and Schultz.

The Board of Censors reported favorably on the proposed names and they were unanimously elected to membership.

The essayist for the evening was Dr. Arvin. Her paper entitled "Dysmenorrhoea" was fully discussed by the members present. A vote of thanks was extended to the doctor for her most interesting paper.

About forty members were in attendance.

W. L. HEEVE,
Secretary.

THE N. Y. SPECIFIC MEDICATION
CLUB.

The regular monthly meeting of the N. Y. Specific Medication Club, was called to order at the usual place and time by the chairman Dr. C. M. Tobynne.

The minutes of the previous meeting were read and approved.

A postal card from Dr. F. W. Abbott was read and ordered placed on file.

Dr. W. J. Krausi reported for the "Botanical Specimen Cabinet Committee" that he had received an estimate for airtight cabinet with glass doors, length 6 feet, for about \$75 to \$80. Dr. Herzog reported for the same committee, that the Globe-Wernicke Company had a sectional look case which could be bought for considerable less money and would answer the purpose.

It was moved, seconded and carried that the "Botanical Specimen Cabinet

Committee" at our next meeting, hand in a written report complete in detail.

Dr. A. W. Herzog exhibited a new uvulotome of his own invention. He described its construction and its superiority over all other uvulotomes, dwelling on its fine points.

An essay was read by Dr. A. W. Herzog on "My Specific Treatment of Consumption," which was discussed by Drs. W. J. Krausi, G. W. Boskowitz and C. Lloyd, during the discussion Dr. Boskowitz mentioned the use of Gomenol in early stages.

Dr. H. Stoesser was nominated and unanimously elected chairman for the next meeting.

There were no receipts or expenditures.

There being no further business the meeting adjourned.

W. J. KRAUSI, M. D., Secy.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 28th of the month in order to be answered in the next number of the REVIEW.

E. F. H.—Can you aid me in the treatment of habitual constipation? Many of the remedies which I have used seem to help for a time, but the patient soon relapses into the old condition. Any suggestion will be heartily welcomed.

If there is any condition to which the body is subject that needs the exercise of good, strong common sense in its treatment that condition is constipation. We, as human beings, are largely controlled by habit. Many cases of constipation are produced simply because the bowels are neglected and the ordinary demands of Dame Nature are unheeded. The persistence in this line of action will soon get

the large intestine into a condition where a big amount of feces are not only tolerated but accommodated without much difficulty. This distention causes a relaxation and consequent weakening of the muscular tissue of the intestine, and a bad matter is made worse. To my mind, the matter of prime importance in curing a bad case of constipation is to direct the medication to the strengthening of the muscular tissue. As you succeed in getting this part of the alimentary canal into proper condition you will find that your patient is improving and that the improvement is lasting. The following method has been exceedingly useful in my hands, and I have cured many cases in the past twelve years:

I first impress upon the patient the necessity of having a special time for going to stool and have him adhere to it rigidly. I next give him a quantity of the tablets known as the A. S. B.'s—compound of Aloin, Belladonna and Strychnine—and tell him to take two or three at bedtime, and if the bowels do not move the next morning to increase the dose each night by one tablet until they get a free evacuation. Then continue that number until the bowels are a little loose when he can take one less at night. Take that number until the bowels are loose again when he can drop another, and so on until he gets to the place where the tablets are not needed. Many times I aid the treatment by advising the drinking of a glass of water as soon as the patient gets up in the morning. I believe that the pill acts as follows: The aloin is the cathartic, pure and simple; the belladonna lessens nerve irritation, while the strychnine stimulates and strengthens the muscular tissue. If you will try the above treatment I am sure that your patients will be benefited and the improvement will be permanent.

H. D. K.—Will you give me some

points in the use of apocynum in dropsical conditions?

Apocynum is useful in many forms of dropsy. Often it is necessary to make use of the infusion to get the best results, making the infusion fresh at each dose. In those cases where there is any cardiac derangement the correct heart medicine should be given in alternation with the apocynum.

SELECTIONS.

ASPIRIN IN PNEUMONIA.

Dr. Peabody claims to have treated twelve cases of pneumonia by aspirin with very gratifying results. The drug was given in doses of fifteen grains four times daily. In some of the cases only one lung was affected, in others both. Some of them were accompanied with active delirium and one with alcoholic delirium. All of them recovered, and in every instance the disappearance of the fever was by lysis. In one of the cases the pneumonia complicated typhoid fever.

The drug apparently had a marked effect upon the course of the disease, usually causing a rapid subsidence of the pain and dyspnea. In its effect it resembles other forms of salicylic acid. As it does not undergo resolution until it reaches the duodenum, it rarely produces any stomach trouble, as the more soluble preparations of salicylic acid do. It apparently does not readily cause head symptoms, although one is justified from its composition in supposing that such symptoms would occur if the dosage were sufficiently large. *Med. Record.*

SOME DIURETICS.

Do you want to increase the flow of urine, to wash out uric acid, or lithemia? If so, try specific polytrichum juniperum

in from five drops to one fluid drachm every hour in plenty of water. It is excellent in suppression of urine from cold. Another water urger is triticum repens, or conch grass. We know of no milder diuretic. When there is blood in the urine, irritation of the kidney structure, and the water more or less scant, give conch grass. If the specific medicine does not bring the desired result, use two quarts of the infusion daily, using two ounces of the good herb to a quart. With us conch grass is a prime favorite; it does no harm; it does good.

A fresh sweet spirits of nitre will also increase the watery part of the urine. It is bland, unirritating, beneficent. Not so with the commonly made, common drug-store article. It is acid, irritating, worse than worthless. If you use sweet spirits of nitre, see that it has the proper ether constituents in its make-up. The best is none too good.

When you want to increase some of the solid constituents of the urine the acetate of potassium, taken in an abundance of water, is no doubt an excellent remedy. Yet there are cases in which it will produce disturbances. It causes irritation of the Malpighian corpuscles, of the tubules, and frequently of the ureters and bladder.

Select your diuretic to suit the case. Do not use the same drug for all conditions and all people. We once knew a prescriber who used a solution of acetate of potash as a filler for every bottle that went out. Certainly that was routine. But who can tell the consequences?—*Dr. Boyer in Eclectic Medical Journal.*

A NOTABLE IMPROVEMENT IN THE THERAPY OF TYPHOID FEVER.

The recent discovery, by Duval and Bassett, of the presence of the bacillus dysenteriae (Shiga) in forty cases of in-

fantile summer diarrhœa, awakens renewed interest in the subject of intestinal antisepsis. But a few months have elapsed since Drs. P. C. Freer and F. G. Novy, of the University of Michigan, demonstrated the enormous germicidal power of benzoyl-acetyl-peroxide, more familiarly known as Acetozone. Although the preliminary reports of these investigators were of necessity based upon results of laboratory experiments, their expectations are already being realized in clinical work, in the treatment of typhoid fever, particularly.

In the City of Chicago, where a large number of cases of typhoid have been reported, Acetozone has been used exclusively in the treatment of about 300 of them. The consensus of opinion is that it causes the temperature to decline earlier than usual in the course of the disease, and it ameliorates the mental and physical condition of the patient, in all probability by controlling the toxemia.

Two Chicago practioners, I. A. Abt, M. D., and E. Lackner, M. D., have thus far reported (*Therapeutic Gazette*, October, 1902) forty cases of typhoid, in children, treated with Acetozone, with but two deaths, a mortality of 5 per cent. One of the patients that died succumbed to pneumonia and pulmonary edema, the other to great pyrexia on the fifth day. Stupor and tympanites were almost entirely absent in all the cases; the characteristic typhoid fetor of the stools was markedly diminished, and the hemorrhage occurred but twice, and in the same case. The average duration of the febrile period, in 37 cases, after beginning Acetozone treatment, was $13\frac{1}{2}$ days. The drug did not seem to act upon the heart or respiratory apparatus.

Early this year Eugene Wasdin, M. D., of the U. S. Marine Hospital Service, Buffalo, N. Y., reported 27 cases (*American Medicine*, Feb. 8, 1902) of typhoid fever,

24 of which were treated with Acetozone, all of the patients recovering. The writer says: "Its application in typhoid fever has been followed by very happy results; its use has been directed to the destruction of the germ in its primary lung colony and also in its secondary intestinal colony, and it has been used by hypodermoclysis to combat terminal expressions, with the result that in 24 cases the disease has been limited almost entirely to the expression of intoxication from the primary focus, the intestinal symptoms remaining entirely in abeyance, and the disease has been shorn of many of its most disagreeable features."

In a second paper, which appeared in the (*Therapeutic Gazette*, for May 15, 1902,) the same writer states that his patients were given from 1500 to 200 Cc. of the aqueous solution of Acetozone daily. The diet was milk diluted with the same solution. The first influence of the drug is observed in the increased secretion of urine. That this is not due wholly to the ingestion of large quantities of water, necessitated by the use of the saturated solution is evident from the author's assertion that the same result was observed when Acetozone was administered in capsules. The second influence to which attention is directed is the very pronounced decrease of the odor of the stools, while plate cultures from the dejecta showed comparatively few germs.

The deodorant and diuretic effects of Acetozone were also observed by G. H. Westinghouse, M. D., of Buffalo, (*Buffalo Medical Journal*, Aug., 1902) who used it in seven cases. This observer remarks that with the increased flow of urine "a corresponding reduction of typhoid symptoms followed, and tympanites and delirium disappeared." It should be remarked that the diagnosis in all these cases, as well as in most of those reported by the Chicago physicians, was confirmed by

Widal's reaction and Ehrlich's test, and in some a blood-count was restored to. Westinghouse concludes his paper by saying that "Acetozone, as an intestinal antiseptic, is unequaled by anything I have ever employed. A complete subsidence of all the bowel symptoms followed in every case of typhoid within a few days after beginning its use. The application of the antiseptic consisted, in most cases, in simply allowing the patient to drink the saturated aqueous solution *ad libitum*; or, in other words, substituting this solution for all other liquids, and urging the patient to partake of it freely when the natural craving was not sufficient to insure the consumption of considerable quantities."

ITEMS.

Drs. E. H. & L. H. Muncie have opened a branch office in Manhattan at 14 West 32d Street.

Earl H. King, M. D., and Miss Laura Jane Hodges were married on Wednesday, November 12th.

Dr. Carrie Brandenburg has returned from her visit to Indiana and resumed her busy practice at 223 East 14th Street.

There are just a few who have forgotten to send in their dollar. It is a little late, my brethren, but we will receive the dollar now without any apology.

On the evening of November 12th the Beachonians had a very pleasant and enjoyable entertainment and dance at the College parlors. Royal Fellow Harris and Chairman Shaffer are to be congratulated.

Have you your State Society paper well under way? Papers written hurriedly and at the last moment seldom contain the best thought or do the writer justice.

Professor Gunning's lectures on the blood delivered during the month of October were so interesting that on several occasions "standing room only" cards had to be displayed.

Weary Willie and his friend Oscar, of Brooklyn, delight in "automobiling." They took a century run in the wilds of Long Island, and were rather weary before the run was over.—H. J. B.

The "Easy Boss" is getting to be quite a bowler. He thinks nothing these days of making strikes and spares; if he keeps on he will be the crack bowler of the club.—H. J. B.

We had a pleasant visit last week from that sturdy advocate of Eclecticism, Dr. L. E. Horton of Avoca. He reports that a large delegation from the Southern Tier Society will be present at our next meeting.

Since the first medical diploma was granted to a woman in France in the 80's fifty-seven women have taken degrees in the faculty of medicine and are practising in Paris.

Two hold official appointments. Mme. Bres is physician to the Chatelet Theatre and doctors ladies and children. Mme. Perree holds the same position at the state theatre Odeon. All the rest are in lucrative practice.

The greater number come from Russia and Roumania. Opposition to French doctresses is still violent. One lady who studied told me that the insults of the students were unbearable and forced her to give up.—*Herald*.

Damiana, nine grains of the extract, three or four times a day, is a valuable remedy for dysmenorrhea.—*Summary*.

THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

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PREPARE FOR THE STATE SOCIETY MEETINGS.

The annual meeting of the Eclectic Medical Society, of the State of New York, will be held at Albany, Wednesday and Thursday, April 8th and 9th, 1903.

In this age of research in all scientific work, it behooves us as physicians not to let our department of medicine and surgery lag in the movement of progression. If we would keep step with the onward march of science, we must individually contribute to the mass of thought and experience that at least will formulate new ideas and bring results that are more useful, more alleviating to human suffering, and tend to elevate our profession before the eyes of the world.

In order to profit by these ideas and experiences, we must assemble at intervals and exchange and discuss the thoughts and observations that have come to us in our professional work. The best time to do this is at the annual meeting of the State Society, and each and every eclectic, within the boundaries of the State of New York, is earnestly requested to prepare a paper for our next meeting, and to be present, ready to do his or her part of the work necessary to make these gatherings a source of profit and instruction to us, in the practice of our chosen profession.

W. S. DART, M. D., President.

Harpersfield, N. Y., Nov. 15, 1902.

THE YEAR 1902.

With this number we close the volume for 1902, and as we glance over the twelve numbers we feel that we have been faithful to our subscribers and advertisers. Our subscribers have received the REVIEW promptly, each number has had from four to six original articles, the full reports of Massachusetts and New York State Societies and their Auxiliaries, together with short reports of other Societies. A special department of therapeutics and a

query department, together with numerous selections and book reviews. So that the subscriber has received all that was promised and our advertisers have been benefited by our increasing subscription list. The REVIEW reaching nearly all Eclectics in New England and the East.

We take this opportunity of thanking both subscribers and advertisers for their patronage during this year and hope to merit a continuance of their good will.

NELLIE CORCORAN IS DEAD.

Of this there is no doubt; for an autopsy was preformed on her body on November the 8th, about twelve hours after life had apparently ceased. It is now admitted by the gentlemen who performed, assisted or witnessed the autopsy, that the same revealed nothing.

When I was notified that the girl had been declared dead by the physicians of St. Vincent's Hospital, I warned them not to perform an autopsy before signs of decomposition had given absolute proof that Nellie Corcoran was really dead.

Dr. Biggs, who was one of the physicians at the autopsy is quoted in an interview as saying: "The case of Nellie Corcoran stands alone. I never saw anything like it. And the autopsy showed nothing, absolutely nothing. The girl seems to have died while in the enjoyment of perfect health. That's the flat truth.

I had diagnosed the case as one of hysteria and dared to disagree with those medical gentlemen who were then in attendance.

It may sometimes be rude and unfeeling to say "I told you so." Yet I can not forego the pleasure of drawing the attention of my kind friends to the fact that my statements in the Nellie Corcoran case have been proven right in every instance. I am preparing a paper on the case in which I will show to what length certain gentlemen went to contradict themselves, for no other purpose than to prove me wrong. A. W. H.

REV. CHARLES LAREW, A. M., M. D.,
LL. D.

The Rev. Charles Larew, M. D., died at his home in Mendham, New Jersey, at 11.20 P. M., Friday, Nov. 21st, 1902, in his 78th year.

Dr. Larew entered the ministry in 1847 as a member of the New York Conference, later, when the Conference was divided into the New Jersey and the Newark, his lot fell in the Newark Conference.

The Doctor was one of the most prominent clergymen of his day in the Newark Conference, and had the honor of representing his Conference at the General Conference at Buffalo.

He was a graduate of the Eclectic Medical College of the City of New York, class of 1878, and practiced gratuitously among the poor for many years.

He was at one time Professor of Obstetrics in the College, and later Emeritus Professor, and at the time of his death was one of the trustees.

He will be remembered by College friends and Eclectics generally as the author of that magnificent history of early Eclecticism published under the name of "Essentials of Eclecticism."

He was an eloquent preacher of graceful and commanding presence, and a great favorite at Camp Meetings where he often preached.

Dr. Larew was most original in his genius, his thoughts finding expression in trophies and figures, which gave oriental warmth to his style.

His mind was keenly analytic and his imagination vivid, so that his eloquent discourse grew before his hearers as a tree, twig by twig, was ever rooted and fixed in the memory.

His judgment was extraordinary, and he was a most wise and reliable counsellor. His powerful intellect retained its vigor to

the last and he never lost interest in the passing events of the hour.

Dr. Larew has resided at Mendham for the past ten years. He was on the retired list of the M. E. Church, but frequently preached in Mendham and the adjoining villages, discourses which will live in the hearts of his hearers.

He faded slowly with Pernicious Anemia, the cause of which he could not understand, and fell asleep in "great peace" at 11.20 P. M., Friday, Nov. 21st, 1902.

Funeral services were held at his home in Mendham, Nov. 25th at 7.30 P. M. and at Hackettstown, Nov. 26th, at 11.00 A. M.

The interment was at Hackettstown where his family rest.

CAPSELLA BURSA-PASTORIS.

BY HERBERT T. WEBSTER, M. D.

It affords me pleasure to write a few words commendatory of this agent as a specific in uterine hemorrhage. It is not new, for it has been in use as a popular remedy in Europe since the early part of the eighteenth century if not before that time, and works on therapeutics of that date mentioned it favorably. Old editions of the United States Dispensatory contain notices of its efficacy, though the exorbitant doses prescribed—two or three ounces of the expressed juice—indicate lack of practical knowledge as to its specific virtues.

Hale, in his New Remedies, refers to it as a remedy for hemorrhage, though his personal experience is expressed as rather negative. Burt, in his Physiological Materia Medica, indorses it as a remedy for various kinds of capillary hemorrhage, but more particularly for menorrhagia. He refers to profuse menstruation in which the blood is excessive in quantity, the discharge dark colored and clotted, and ahead of time and prolonged beyond the normal period. He also mentions menstrual colic as a characteristic

accompanying symptom; though we are led to suppose that the colic is due to the expulsion of clots rather than to a neuralgic element.

Prof. Scudder's Specific Medication indorses the agent as a specific in chronic menorrhagia where the discharge occurs too frequently and continues too long, and also where it is almost constant and colorless.

Both Hale and Burt refer to its use in other forms of hemorrhage, such as hemoptysis, epistaxis, hematuria, and hemorrhage from abortion and cancer. According to these authorities the remedy is applicable to capillary hemorrhage of almost every kind.

During thirty-three years of experience I had never used a single dose of this remedy until a few months ago. During June last, Dr. W. O. Buckland, of Oakland, one of our leading Eclectic physicians, related to me striking results obtained with it in a stubborn case of chronic menorrhagia which had resisted the efforts of several physicians before it fell into his hands. He employed capsella here with prompt and permanent effect.

At that time I had on hand a persistent case of chronic menorrhagia in which fungous endometritis seemed to be the provoking cause, but repeated curettings afforded only temporary relief, for hemorrhage returned in a few months after each operation, and the subject had become extremely anæmic, in spite of ergot, hydrastis, achillea, hamamelis, erigeron, rhus aromatica and other remedies of the same class. Acting upon the suggestion afforded by Dr. B. I ordered capsella, and the result was highly satisfactory, for no further trouble has occurred in the case since a few weeks' use of this prescription. The patient is very much improved in health, and ascribes the improvement to the last remedy used. Its use was begun during a prolonged mens-

trual period, and the effect was prompt, the discharge ceasing almost at once. Menstruation has been regular since then, but the discharge has been rather scanty, a result that has been very satisfactory, considering the anæmic condition at which the patient had arrived. Her age is about thirty-eight years.

In another case, in which the subject is passing through the menopause, menorrhagia has been a very serious complication for four or five years, the lady having all that time been under my care. She is large and of full habit and the menstrual discharge has been profuse and dark. Sometimes it has continued two weeks, so copious as to confine the patient to bed. Clots were commonly passed every day, and much menstrual colic occurred. The uterine cavity was abnormally deep, even for a multipara, the walls flabby; and ordinary remedies accomplished little or nothing, hydrastis doing best, and promising, for a time, to effect permanent relief. Recently, however, it seemed to have lost its efficacy, and various local measures, such as swabbing the uterine cavity with a strong solution of persulphate of iron, injecting hydrozone, and curettment of a circumscribed endometritis fungosa, had been tried, but with little satisfaction. Finally, upon further demand for services for an uncommonly severe attack of hemorrhage, I prescribed capsella, with excellent effect, as the discharge ceased within three days, and the patient joyfully reported herself "up and around and feeling splendid," and charmed with the new remedy.

In another case, a young woman of twenty-six, mother of three children, menorrhagia continued, in a modified form, after trachelorhaphy. Here I had already tried several remedies with negative results before prescribing capsella. The response was not so favorable in this instance, as the trouble persists; though

not so bad as before. Results, however, were not so marked as to excite any enthusiasm in the patient. She is still taking the remedy, and I am expecting permanent benefit to accrue, though it apparently must be gradual in coming about. In this case the molimen appears about four days too soon, continues five or six days, then ceases two or three days, and reappears for several days more. The discharge is not profuse, but too persistent.

Capsella is known by several names. The homeopaths call it *thlaspi busa-pastoris*; common name, shepherd's purse. It is indigenous to Europe, but can now be found in many places in our country east of the Mississippi River. It is an annual plant, growing in waste places, and belongs to the cruciferæ or mustard family. It bears small white flowers, and the root-leaves are clustered and toothed, while the stalk-leaves are arrow-shaped and sessile.

Though Prof. Scudder called attention to this agent in Specific Medication, few, apparently, of our school have ever employed it. I think it should become better known, for it is apparently the best remedy we have in stubborn menorrhagia.

The dose will be a teaspoonful of a mixture prepared by adding a drachm of the specific medicine to four ounces of vehicle, plain water sufficing in out-door practice—where it may be frequently freshened, while half an ounce of alcohol may be added in office practice, where the prescription is to be all consumed before renewal. In severe hemorrhage the dose may be repeated every hour, while in cases where the discharge is small and pale but persistent, three or four doses a day may serve.

What are the specific indications for its use? Thus far, none can be offered better than the name of the disease. Capillary hemorrhage, especially from the endometrium calls for it, and is a specific indication. It seems to be as well adapted to

profuse uterine hemorrhage as to continued pale menorrhagia. The formation of large clots calls for it as well as a scanty discharge of pallid color. In fact most cases of menorrhagia finally become anæmic, and the discharge dwindles in quantity and becomes pallid in color.

Here is an instance where the condition is the indication and the indication the disease. This is not a rare circumstance by any means. When such is the case practice is very much simplified, diagnosis is less difficult, and we labor under no uncertainty as to our ability to discriminate between color-shades of the tongue when we may be color-blind, or choose between the discrepancies of technical diagnosticians who have spun so fine a thread that they themselves are lost following it.

The specific indication for capsella, then, is chronic menorrhagia.

Oakland, Cal.

FOREST AIR IN THE SICK-ROOM.

BY M. GRANT MCGINNIS, M. D.

Read at the Meeting of the Eclectic Medical Society of the City and County of New York.

How many of our patients, who have such a disparaging fight to win their liberty when imprisoned in the Sick-room, would be quickly restored to their normal condition if we had the means at hand by which we could give them this wonderful gift provided by nature, namely, forest air.

And since so much has been done for the comfort and well-being of man, I think in the near future, as civilization marches onward, we will awaken to find this much-needed combination of tonic elements surrounding us.

Have not those who could not go to Carlsbad had the health-promoting element bottled and sent to them—as also from Buda Pesth—and so on, as in many other instances I could mention.

It is said that the difference between the uncivilized and the civilized is, that the first is a slave to his environment, while the latter is master of his environment. This

may be illustrated by the Indian who at one time lived upon our mountains, and who, when it was winter shivered with its chill blasts, and in summer trembled and bowed down before the thunder and lightning with a dreadful fear as of some strange God or devil. But the civilized man has built himself a mansion in which he surrounds himself with summer, within, while all the chilling winds hold forth without. And also—the civilized have invented means by which the terror-striking electricity has become one of our slaves, and is controlled by man by the simple turning of a button.

With the wonderful X-Ray we are now able to perform every day what did seem to be miracles only a few years since. There are many very important uses of electricity, as you all know, but the special ones are those in which we have had crowning results from its therapeutic action in some of the most painful and loathsome diseases.

Though you may be somewhat surprised to see so simple a subject as forest air in the sick-room written upon, yet it will be remembered that the element of surprise attends the introduction of every new thing: Do you recall the surprise expressed when it was first said that one could see every bone in the subject that was being examined? And do you remember that it was only a year ago that much surprise was expressed when wireless telegraphy was talked of in our daily papers? But now coast stations are being established and the Italian Government has just decided to erect stations at Genoa, Italy and Buenos Ayres in South America.

Now for a long time it has been a recognized fact in medical science that oxygen is essentially necessary to all life and that in the treatment of many diseases it would be highly beneficial if its therapeutic properties could be employed by the patient.

This pressing need led to the storing of oxygen in tanks, and in certain conditions, where all other means fail, one last hope is

sustained in giving the sinking patient oxygen, and this usually with a happy success as a result.

Now the principal of storing vital elements for critical conditions, which has proved such a boon in the case of oxygen, may well apply in other less extenuating cases as well, as for instance, in bringing the soothing, healing, invigorating effects of forest air, laden with its abundant ozone, given off from the evergreen foliage into the sick-room itself.

To attempt to do this by storing the air in tanks would be too expensive to meet the greatest number of people.

There is one way in which this can be accomplished, and at little expense, and that is by placing the foliage of some of our medicinal mountain trees in pillows and mattresses.

And these giving off their medicinal agents will create a condition of atmosphere similar to that which exists in the forest districts. It is impossible to tell how far-reaching will be the influence in preventing malaria and pulmonary affections, and even diphtheria and scarlet fever will be greatly modified, especially in view of the fact that these leaves possess antiseptic, disinfesting and healing properties.

Due to this fact, many cases of tuberculosis, excited by exposure and neglect, would be aborted without the patient himself ever knowing what he has missed.

Therefore I offer as a suggestion that it would be well to utilize the present day fashion by filling our homes with pillows made from either the aromatic eucalyptus, the pine needles, or from the beneficial Balsam of Fir. In this manner we can furnish our patient with the elements of forest air as nearly as it is possible to do, until some of you have given more thought to this subject than has yet been given to Forest Air in the Sick-room.

New York City.

Hershey reports three cases of gastric ulcer cured by the use of ice cream alone.

BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, Nov. 18, 1902.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike." The first paper of the evening was upon "Phosphorus," read by Dr. Nathan L. Allen, who spoke as follows:

Phosphorus was discovered by Brandt about 1669, being obtained from ashes of bones burnt in the open air, and subsequently treated with sulphuric acid, charcoal and water.

As commonly found in commerce it is quite colorless, is in the form of round sticks, and has a somewhat peculiar and disagreeable odor, being nigh insoluble in water, but quite so in chloroform and bisulphide of carbon.

It exists in the body, chiefly in the bones and brain, and, when properly used, is a splendid remedial agent in therapeutics. In all cases, however, it should be most sparingly and most carefully used—fifteen grains of phosphorus being quite sufficient for one ounce of good alcohol. It should be allowed to macerate at least thirty days, and receive occasional agitation.

Large amounts of phosphorus cause violent inflammation of the stomach, intestinal pains, vomiting and death. In cases of phosphorus poisoning an emetic of sulphate of copper—in three grain doses every few minutes—is very effective.

Phosphorus is a powerful general stimulant and nerve tonic, and is exceedingly efficacious in diseases that are attended with great lack of vitality. It bears a somewhat similar relation to the nervous system that iron does to the blood.

It is also an excellent tonic for strengthening the sexual appetite and for remedying sexual weakness. In the treatment of diseases arising from sexual abuse,

such as involuntary seminal emission, phosphorus, when used with *Salix Nigra* Arments, is a most valuable remedy.

Prof. Loche recommends this potent remedial agent as being of great service in cases of chronic nephritis, and for all irritable conditions of the kidney and bladder where the urine is visibly affected. He uses from ten to thirty drops of the first decimal solution in four ounces of water, and gives the patient a teaspoonful of the solution every three hours.

He also recommends it for certain respiratory disorders, more particularly in chronic pneumonia. When attended with secretion of mucus, pus and blood; also when the sufferer is threatened with phthisis. Its use in such cases has saved many lives.

Phosphorus has also a very marked influence on the glandular system, being an excellent preventative of the enlargement of the glands: nor is it less effective as a remedy for fatty organic degeneration, whether of the heart, brain, liver or spinal cord, while for any functional derangement of this latter organ, it is quite superior to strychnine.

In many troubles, too, of a nervous character—more especially when attended with pain—such as long standing cases of neuralgia, that have resisted other methods of treatment, phosphorus is a most excellent remedy and as a stimulant its influence is remarkable.

In cases of this nature I use the following formula:

R Hom. Tr. Phosphorus ʒiv.

Spe. Tr. Nux Vomica ʒii.

Ol. Celery Sem. ʒii.

Alcohol q. s. ʒiv.

Medicate the large Homeopathic sugar disks with this tincture, giving them as required. This method will be found much more convenient than giving the remedy in solution.

I am strongly inclined to think that we have not sufficiently appreciated the drug

—phosphorus—and applied it to the many conditions to which it is most certainly curative.

DISCUSSION.

Dr. Russell had used phosphorus to some extent in pneumonia making use of the Homeopathic tincture in three cases when the sputa seems to fly all to pieces.

Dr. Perrins had used phosphorus very little in the fine form, but had made use of the triple phosphate of quinine, iron and strychnine to a very great extent.

Dr. Allen said that in those cases which came to him tired out, run down, with brain fag—a condition approaching paralysis—he had not a remedy that he gave with better results than the free phosphorus combined with the nux and celery. From ten years use of the free phosphorus he felt positive that we have a tonic to the nervous system in this drug.

Dr. Bowers, in response to an inquiry, stated that phosphorus acts upon the system as free phosphorus and not as combined. Phosphates are more or less soluble and act as phosphates, acting more directly on the bony tissue. Free phosphorus is used more particularly in disturbances of the central nervous system. Dr. Ross spoke of the cases of modern neurasthenics to whom you could not feed iron. They would not assimilate it. The triple phosphates act well when the ordinary standard of health is good; but these other cases when even the best condition of the patient is below par the exhibition of phosphorus will bring good results, when combined with ignatia and cactus. The prescription reading: Lloyds Phosphorus gtts. x, Sp. Ignatia gtts. x., Sp. Cactus gtts. xv—xx aqua \mathfrak{z} iv. teaspoonful after each meal.

Dr. Perrins said that although it was wandering a little from the subject he wanted to speak of the benefit he had derived from the use of strychnine. He had used it in his own case by the advice of Dr. Merkel whenever he had felt below

par. It had certainly aided him wonderfully. He had used it in 1-60 gr. doses from 1 to 3 times a day when needed.

Dr. Allen advised him the next time he needed the remedy to take doses of 1-100 gr. and repeat them more frequently. Dr. Russell spoke of injecting 1-30 grs. of strychnine every fifteen minutes for three successive doses when he had a case of collapse from ether anaesthesia with good results.

Dr. Perrins said in such cases he depended upon the injection of 1-100 nitroglycerine, repeating the dose every five minutes as often as necessary.

The next paper was upon *Sanguinaria Canadensis*, being read by Dr. Pitts Edwin Howes, and was as follows:

SANGUINARIA CANADENSIS.

Possibly there is no greater temptation which comes to the medical man, who is actively engaged in the practice of his profession, than that of eagerly adopting the new remedies, which are constantly being brought to his attention, and neglecting the use of the old stand-bys which have served him faithfully in the past.

It is one of these old remedies which I bring for your consideration this evening. Doubtless you will be surprised, as I have been, at the wide range of curative action which different writers have attributed to this remedy.

Sanguinaria Canadensis has always found a place in my medicine case, but my use of it has been a limited one, being confined wholly to the treatment of those diseases when I would get a particularly obstinate cough. A cough, that nothing else would touch has frequently yielded like magic to the *Sanguinaria*.

Sanguinaria grows in all parts of the United States. It grows in rich, moist localities and is one of the first of our plants to blossom. The rhizome is the part used in medicine.

PHYSIOLOGICAL EFFECTS.

The action of this drug depends very

much upon the size of the dose. In small doses it is a heart stimulant, in large doses a powerful cardiac depressant. In small doses it is a gastric tonic, while large doses cause distressing gastritis and serum emesis. Excessive doses has produced death without any vomiting being caused thereby. It exerts a strong influence upon the respiratory mucous membrane. The fraction of a grain acts as a mild expectorant. Increasing this dose will produce bronchial irritation with a loose rattling cough and considerable expectoration. A still larger dose will induce congestion of the bronchial tubes with spasmodic cough and a tenacious sputa. Pushed still further we get studulous breathing and sighing respiration.

Dr. Rutherford has shown that Sanguinaria is a powerful biliary stimulant increasing both the solid and watery constituents of the bile. It also acts upon the salivary glands, causing copious salivation.

THERAPEUTICS.

Sanguinaria is one of the most useful drugs at our command and deserves, and will repay, careful study. It may be said to act upon the skin and mucous membrane upon the digestive and respiratory system, upon glandular structures and muscular tissue, and upon the cerebro spinal system.

The action of Sanguinaria upon the skin is limited but peculiar. Applied in powdered form to fungous growths it is escharotic. One ounce of the tincture added to a pint of hot water makes an excellent stimulating wash for old indolent ulcers—when the exudations are foul and unhealthy. Internally it is useful in psoriasis, pityriasis and other scaly eruptions. Sanguinaria will antidote the poison of the Rhustox. In small doses, well diluted in hot water, it will act as a diaphoretic.

Sanguinaria exerts an extremely potent

influence on the mucous membrane of the nasal cavity.

Many coryzas are quickly cured by its use, especially those when there is a free, acrid burning, watery discharge which causes an indescribable rawness of the membrane, with loss of smell and frequent sneezing. When these symptoms are especially active upon the right side Sanguinaria is the remedy.

Many cases of nasal polypi have been reported cured by the snuffing up of powdered Sanguinaria several times a day. In the common catarrhal sore throats, so frequently met, Sanguinaria will prove efficacious, used both internally, and as a gargle. This remedy is specifically indicated when the throat feels as it had been scalded by drinking something hot. The dryness is unrelieved by drinking although drawing cool air over it through the mouth renders the patient more comfortable. These disagreeable feelings are always worse on the right side.

In minute doses—the fraction of a drop—it is very useful in certain acute stomach troubles. Those where your patient complains of a burning epigastric pain, aggravated by eating, unrelieved by vomiting and increased by pressure. “When the food undergoes chemical decomposition, and gas is evolved in large quantities, Sanguinaria will generally change the action of the stomach and digestion becomes more complete. When the mucous membrane is congested the flatus formed by fermentation is retained by a spasmodic constriction of the cardia. Its irritation is reflected upon the lungs through the pneumogastric nerve, exciting a feeling of tickling in the entrance of the trachia, with sympathetic cough. This peculiar dry cough will not yield to expectorants and often persists for hours, The Sanguinaria will relieve. It not only relaxes the constricted cardia, thus allowing the flatus to escape, but excites a

healthy reaction on the whole surface of the stomach oesophagus and faucis.

Chronic catarrh of stomach will frequently be cured by small doses of the Sanguinaria.

In the diseases of the lungs Sanguinaria finds an important place. In both bronchitis and pneumonia, when the cough is the troublesome factor, Sanguinaria will prove beneficial.

The physicians of the early days of American Practice used Sanguinaria much more freely for coughs than those of to-day. They attribute to this remedy the power of curing incipient phthisis pulmonalis.

Many physicians have testified to the curative properties of Sanguinaria in acute œdematous laryngitis, and croup. In the latter disease both the ordinary and the pseudo membranous forms the acetous syrup seems to have the preference. This may be made by adding four grains of Sanguinaria to four ounces of vinegar, steep and put one ounce of sugar to form syrup. Dose, a teaspoonful as often as indicated. The use of Sanguinaria in croup will frequently render the operation of tracheotomy unnecessary.

This remedy will also act upon the liver and tonsils. In incipient tonsilitis it should never be forgotten as it will abort the inflammation if used early. When there is enlarged tonsils the use of a gargle of Sanguinaria well diluted with water, say 1 drachm to four ounces of water, will bring them back to their normal condition and prevent the former tendency to contract tonsilitis.

Sanguinaria is a grand remedy in some forms of headache. This Sanguinaria headache is peculiar and easily remembered. The pain commences in the back part of the head and, rising upwards, spreads over the head and finally settles in the brow above the right eye. There is great intolerance to light and noise. There is nausea and vomiting, sometimes accom-

panied with chilliness. If there are flashes of heat through the body or if the palms of the hands and soles of the feet burn, or if the urine is scanty and dark at first, becomes later profuse and clear, Sanguinaria is the more specifically indicated.

When, in active rheumatism, the poison attacks both the muscular and nervous tissues at the same time Sanguinaria will prove an excellent remedy.

This testimony deduced from a large number of physicians who have successfully used this drug, shows us what a large field is covered by Sanguinaria Canadensis.

I might have extended the paper so as to take up much more of your time, but I have purposely touched upon the more salient points so as to provoke discussion, that we may benefit by each others experience. Dr. Perrins asked the essayist which of the preparations of Sanguinaria he preferred. The tinct or the Sanguinaria Nitrate.

Dr. Howes replied in the early years of his practice he had used the nitrate but for the last fifteen years he had prescribed the tinct exclusively.

Dr. Ross inquired concerning the use of Sanguinaria in enlarged tonsils.

Dr. Howes said that it should be given internally and also used locally as a wash, but in small doses, 1 drachm to 4 ounces of water being sufficiently strong for the gargle, and $\frac{1}{2}$ drachm to 4 ounces of water for the internal administration, giving drachm doses every one, two, or three hours. Dr. Perrins had used phytolacca with glycerine for enlarged tonsils with good results. Had never tried the Sanguinaria.

DR. PITTS EDWIN HOWES,
Secretary.

Ox-gall, it is now claimed, is the only medicament which increases the secretion of bile.

ARSENAURO.

BY R. A. TOMS, M. D.

I desire to call the attention of your readers to the above named article which has been before the profession now for about six years. It is a most powerful tonic alterative. It is a true foundation builder. It exercises a specific influence by virtue of its nutritive effects upon the nerve center.

It has been found particularly beneficial in Diabetes Melitus, and as a blood maker and blood builder in all forms of anæmia.

Prof. Sturky, in a paper published in the *New York Medical Journal*, Nov. 23rd-'95, discussed at considerable length the chemistry of Arsenauero with reference to the changed therapeutic properties of the metals entering into its composition, proving Arsenauero a definite chemical product, not a mere mixture. It is an aqueous solution, permanent under ordinary conditions, completely and readily assimilable and may be administered indefinitely without stom-achic or intestinal disturbance.

THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

THE YEAR'S PROGRESS.

During the year which is now rapidly drawing to a close Eclecticism has made a very satisfactory progress. Many desirable members have been added to its ranks and much good work has been done by its colleges, societies and writers. New and thoroughly up-to-date books have been added to its previously good list of text-books, thereby still further improving a literature in which we have a right to feel a reasonable degree of pride.

While it is true that we have had dur-

ing the year many reasons for congratulation and encouragement, it is also true that—as in all human affairs—we have had our adversities as well. The greatest of these, and the one which we feel the most keenly, is the loss of several of our brethren who but one short year ago were numbered among our ablest and brightest members. Their voices are silent and their pens no longer trace their helpful thoughts. They have passed over the road which sooner or later must be travelled by all. But, then, it is God's way, and to it we bow in reverent submission. Let their example and devotion to Eclectic medicine serve as an additional incentive for carrying on our noble work with renewed determination and courage.

With the hope that during the coming year our school may make even greater progress than it has during the year about to end, and that an abundance of happiness and prosperity may be vouchsafed to us all, I wish you, dear readers of the REVIEW, a Merry Christmas and a Happy New Year.

POISONING.

(Continued From Page 330.)

ANIMAL IRRITANTS.

The simple animal irritants which are liable to cause poisoning are Poisonous Fish and Poisonous Meats. Several kinds of fish are frequently poisonous, while some kinds only act injuriously on particular constitutions. Shell fish are the most likely to be injurious. The flesh of animals which have died of disease has frequently produced serious symptoms and even death. Sausage, cheese, bacon, and some other substances, become poisonous from putrefaction.

Diagnosis.—The principal observable results of eating poisonous fish or poisonous meats are vomiting, irritation of the eyes, depression, and severe urticaria or nettle-rash.

Treatment.—The treatment for simple animal irritants should consist of emetics, cathartics and diluents. The vital powers should be carefully supported by the indicated stimulants and tonics, and the patient placed upon a nutritious diet.

ANTIMONY, CHLORIDE OF—BUTTER OF
ANTIMONY.

The chloride of antimony is a powerful corrosive liquid, and produces violent inflammation and corrosion of the entire intestinal canal.

Diagnosis.—In poisoning by the chloride of antimony, there is great prostration, nausea, violent griping pain and tenesmus, with a tendency to sleep. In some cases, however, the mind remains clear. This poison destroys the mucous membranes rapidly, and the parts become much changed and blackened.

Treatment.—Magnesia, with an abundance of milk or water, should be promptly administered. Tannic acid, or infusions containing tannin, such as tea or oak bark, are also called for in liberal quantities, and Cinchona, in tincture or powder, is of value. Warm greasy water will be useful as a means of keeping up the vomiting until the stomach has been thoroughly evacuated.

ANTIMONY AND POTASSIUM, TARTRATE
OF—TARTAR EMETIC.

Three-fourths of a grain of Tartar Emetic has killed a child, and two grains have destroyed the life of an adult, but the ordinary fatal dose is about one drachm. Even severe cases frequently recover.

Diagnosis.—When given in small quantities and frequently repeated, Tartar Emetic produces effects which resemble deceased conditions. In poisoning by this agent there is a metallic taste in the mouth, which comes on as soon as the poison is swallowed, nausea, violent vomiting, burning heat with pain in the stomach, and purging. Difficulty in

swallowing, thirst, cramps, cold perspiration and great debility soon set in. Death may be preceded by giddiness, insensibility, difficult respiration, and extreme prostration, with either tonic or clonic spasms. In chronic poisoning by antimony there is constant nausea, frequent vomiting and purging, loathing for food, a weak, frequent pulse, loss of muscular power, cold, clammy sweats, and fatal exhaustion. Tartar Emetic ointment, when applied to the skin, frequently causes a pustular eruption similar to that of small-pox. If much of the ointment is absorbed there will be more or less of the symptoms of antimony poisoning. Sometimes the eruption appears in the throat and on the skin, after a large dose of Tartar Emetic has been swallowed.

Treatment.—Warm greasy water and milk should be given to aid in keeping up the vomiting, and liquids containing tannin, such as tea without sugar or milk, or a decoction of oak bark, are also called for in liberal quantities. Cinchona bark, in tincture or powder, is here an indicated remedy.

ARGENTUM, NITRATE OF—NITRATE OF SILVER—LUNA CAUSTIC.

This powerful irritant is sometimes used with fatal results. Its action is that of a corrosive poison.

Diagnosis.—The Nitrate of Silver has an acrid and metallic taste. It destroys the membranes with which it comes in contact. The continued use of the Nitrate of Silver causes gastro-intestinal catarrh, waste of tissue, uraemia, albuminuria, fatty degeneration of the heart, liver and kidneys, a slate colored line along the gums, and a similar discoloration of the skin and mucous membranes, paralysis, loss of coordination, convulsions, and finally death, by paralysis of respiration. Large doses produce violent gastro-enteritis and ulcer of the stomach. The

symptoms produced are those of a corrosive poison.

Treatment.—The antidote is common salt, which freely precipitates the insoluble chloride of silver, and also acts as an emetic. This should be followed by the free use of emetics.

ARSENIC.

Arsenic has caused death in two or three hours, although a sufferer from arsenic poisoning may live several days. Two and a half grains of Arsenious acid (the form of arsenic most frequently used as a poison) is said to be a fatal dose, but a much less quantity has caused death, and, when vomiting has quickly taken place, a much larger quantity has failed to produce a fatal result.

Diagnosis.—All forms and preparations of arsenic, in large doses, produce similar symptoms. The poisonous effects of arsenic become apparent within half an hour or an hour after swallowing the poison. The symptoms produced are faintness, nausea, followed by incessant vomiting, burning pain in the epigastrium, increased on pressure, and gradually extending over the entire abdomen. These symptoms are followed by frontal headache, diarrhoea, sense of constriction and heat in the fauces and throat, great thirst, catching, painful respiration, heart's action depressed, pulse quick and feeble, great restlessness and anxiety, cold, clammy skin, tenesmus, heat and excoriation round the anus. The foregoing symptoms are liable to variation. The pain and vomiting may be absent; there may be coma; there is often twitching or cramps, especially of the legs, and sometimes there is tetanus; the vomited substances may be clear and ropy, or red or brown, from admixture with blood or bile. Although the symptoms are usually continuous, they may cease and the patient rally for a time, and then suddenly sink. When arsenic is taken with opium the symptoms of arsenic poisoning are more or less

masked. Death usually occurs within twenty-four hours. It may take place from collapse, and it may follow convulsions.

Treatment.—The poisonous effects of all forms and preparations of arsenic require about the same treatment. The first object of treatment should be to get the poison out of the stomach as soon as possible. The stomach pump, or emetics of apamorphia, the sulphate of zinc, mustard or ipecac, should be quickly used, unless the vomiting has been very free. Vomiting should be encouraged by the abundant use of tepid greasy water and albuminous or mucilaginous drinks. Raw eggs beaten up in milk are useful, and a mixture of lime water, albumen and milk may be given. Equal parts of lime water and oil are indicated, as the oil invests the poison, and the lime renders it less soluble. From one to two ounces of castor oil should be given as soon as the vomiting ceases, to carry the poison off from the intestines. Oil and milk aid in enveloping the poison, and preventing its coming in contact with mucous membranes. The antidotes for arsenical poisoning are the hydrated peroxide of iron in a fresh pulpy state, calcined magnesia, and dialyzed iron in connection with the bicarbonate of sodium. The soda serves the purpose of precipitating the ferric hydrate. The subsequent treatment of this form of poisoning should be conducted on general principals, according to the symptoms and specific indications for remedies. In an interesting article on substitution, in the *Medical Gleaner*, Prof. John Uri Lloyd tells how the antidote to arsenic can be quickly prepared in an emergency. His remarks are as follows:

"Take another example, pharmacopœial substitution it may be called: The United States Pharmacopœia directs that the antidote to arsenic, ferric hydroxide, be made from solution of ferric sulphate and ammonia water. A prescription in an

urgent case of arsenical poisoning reaches a pharmacist who has no solution of ferric sulphate, and if he wait until the same can be obtained or prepared, the man poisoned by arsenic will be dead. Shall he say, 'I propose to follow the pharmacopœia; I shall not substitute.' No! His duty is to substitute Monsel's Solution (solution of ferric sulphate) instead, or tincture of chloride of iron, or solution of ferric chloride. Either of these solutions can be substituted for the official ferric sulphate and produce the desired antidote. Suppose he has not ammonia water, but has ferric chloride. What then? Let him substitute solution of caustic potash, or solution of caustic soda, or even solution of bicarbonate of sodium instead of the ammonia. Yes, if he have neither of the ingredients named in the pharmacopœia, he could utilize at once Monsel's Solution and baking soda, and probably save the life of the sufferer, thus evading the pharmacopœia and its process altogether."

(To be Continued.)

ERGOTA.

Common Names.—Ergot, Spurred or Smut Rye.

Natural Order.—Graminaceae.

Part Used.—Degenerated seeds of Secale Cereale and a fungus.

Description.—Cultivated rye has a stem four to six feet high, but in a wild state the stem is usually about a foot high. The leaves have a rough edge, and the lower ones are covered with a soft down. Rye is frequently rendered poisonous by a fungus. This fungoid structure contains from one to twelve greenish granules. The fungus is called Spur or Ergot.

Dose.—Fluid extract, 10 to 60 drops; specific medicine, 5 to 60 drops.

Usual Prescription.—R. Ergot, gtt. x to 5i, Water, ʒiv. M. Sig. Dose one teaspoonful every hour or two.

Indications.—Hemorrhage, when the tissues are full and inelastic, the patient inclined to sleep and intellect dull; uterine hemorrhage; excessive lochial or catamenial discharges; hydatids or polypi in the uterus; accumulation of blood-clots in the uterus; retained placenta from want of uterine contraction.

Ergot is indicated as a paturient when the contractile power of the uterus is not sufficient to expel the fœtus; *always* provided, however, that the presentation is such as to permit natural delivery, that there is no deformity of the pelvis or soft parts, that the os uteri is dilated, and that the head has descended into the pelvis. The labor pains (contractions), when the uterus is brought fully under the influence of Ergot, are violent and unceasing—tonic—so that there is in some cases danger of their causing rupture of the uterus and death of the child. As soon as the uterus responds to the action of the Ergot, the natural intermittent (clonic) contractions cease. The claim of some writers that Ergot does not influence the uterus unless labor has actually commenced, is not in accord with the experience of most practitioners of medicine.

Ergota promotes muscular contraction. As a stimulant it acts chiefly upon the muscles of the uterus. Very large doses cause acute poisoning, and sometimes death. Its long continued use may result in gangrene of the extremities.

The foregoing article is taken from the "Essentials of Modern Materia Medica and Therapeutics," now being published by the Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio. The work will soon be ready for delivery.

The cold season is just about upon us, and it is the beginning of the busy season for the doctor. Too often colds are looked upon as little things, and treated slight-

ingly. No doctor can afford, from either a personal or a business point of view, to do this, as, if rightly treated, they bring praise and money. If not, they bring discredit, and, too frequently, end in a serious illness, with death-dealing complications. We wish we had time to discuss their treatment fully. As we have not, we notice only a few pointers: Specific bryonia for irritative coughs and chest pains and joint pains; specific lobelia, or sanguinaria when there is oppression of the chest, difficult breathing, asthmatic complications, (the compound emetic powder upon a vaseline cloth is the best local application to the chest): if there be high fever, nervous excitement, etc., specific gelsemium is the remedy, and there is no better. A few doses of it is worth more in this instance than would be a pound of quinine. Then there's specific jaborandi, when the patient is hot, skin dry, and he needs most of all to perspire. Give it to him freely. When he sweats, dry-rub him. When it is a head cold, he sneezes, his eyes, nose and throat weep profusely, do not forget specific euphrasia. If there be throat complications, a simple pharyngitis or laryngitis, the remedy may be specific aconite, or if there be the marked capillary congestion, specific belladonna is its superior. If tonsillar enlargements terrorize, specific phytolacca should be an alternated remedy. This remedy alone, if given in time, will abort threatening tonsillar pus formation. For the babies, little ones, there's nothing better than a good, warm blanket and a few doses of matricaria, or common chamomile tea. Indeed, a good, hot dose of tea is a promoter of recovery for any cold subject. If the tongue be coated give physic. There is no specific. But frequently speedy recoveries occur in spite of treatment.—*Dr. W. E. Bloyer, in Medical Gleaner.*

Times in an article on the great value of veratrum viride as a curative agent, enumerates some of its uses as follows:

"Combined with specific ipecac and administered every fifteen minutes until slight nausea is produced then less often, veratrum is a superior agent in active hemorrhage.

Puerperal eclampsia, epileptiform in nature, and not due to uræmia, is often arrested by a free use of veratrum hypodermically.

Irritation of the sympathetic nerves as marked by a tongue having a clean, dry streak through center of surface, from base to tip, demands the use of veratrum.

In all acute diseases, ending by crisis, veratrum, when indicated, is invaluable.

Combined with specific gelsemium, it reduces determination of blood to the brain when marked by a flushed face, bright eyes, and excited carotids. Superficial erysipelas, having the color of ordinary inflammation, is cured by internal and local use of veratrum.

Sprayed upon the tonsils, it will arrest tonsilitis in the stage of engorgement.

Locally, it is valuable in orchitis, mastitis, etc.

The suffering due to a bubo or a phlegmon is mitigated by a local use of it.

Ordinarily in acute lesions the dose will be the fraction of a drop; five to fifteen drops to water four ounces, a teaspoonful of the mixture every half to one hour.

Locally it should be applied undiluted.

Dr. F. C. Simpson says that in the treatment of tuberculosis he has frequently obtained good results from arsenic, and especially in those cases in which there were excessive expectoration and slow degenerative processes. Its good effect is shown by rapid improvement of the general condition, there being a lessened pulmonary secretion, a general improvement in the appetite and increase

in the body-weight. It is contraindicated in phthisis when the cough is hoarse and paroxysmal, with but scanty secretion and tendency to hemorrhage. He usually employs the liquor potassii arsenitis, and while recognizing its value warns us that it is capable when administered too long in large doses of causing pigmentation of the skin, irritation of the stomach and bronchi, and more serious still, peripheral neuritis.

The dose of arsenic should always be small. The patient receives an efficient dose when the medicament is prescribed as follows: *R.* Fowler's salution, gtt. x water $\bar{\text{v}}$ iv; teaspoonful ever two or three hours.

The editor of the *Clinical Review*, in writing of puerperal convulsions, arranges the necessary procedures in the relative order of their importance as follows:

"1. Immediate and rapid delivery, regarding the mother first, the child secondarily. 2. Narcosis during the delivery and the employment of means leading thereto. 3. Signal attention to aseptic and antiseptic rules. 4. Careful selective regard in using chloral, ether, chloroform, morphia, veratrum viride, etc. 5. Prompt opening of all excretory avenues. 6. Dilution of toxin-loaded blood by saline infusions. 7. Prompt stimulation in the event of evidences of cardiac failure."

The "Essentials of Modern Materia Medica and Therapeutics" contains full directions for the employment of the so-called tissue remedies. The indications are given in terse language, and from a common sense standpoint. There is no "moonshine" about them. It also contains the essentials of *all* schools of practice. The work will probably be ready for delivery next month. See advertisement on another page.

It is said that the best remedy for the nose bleed with which some children are frequently troubled is a vigorous motion of the jaws, as in the act of chewing. In view of this claim, some physicians recommend giving the child chewing gum or a wad of paper to chew, believing that the rapid motion of the jaws stops the flow of blood.

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Indianapolis, on June 9th to 11th, 1903. J. D. McCann, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, April 9th and 10th, 1903. W. S. Dart, M. D., president; S. A. Hardy, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East 14th street. A. W. Herzog, M. D., president; H. J. Doll, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month; Nov. meeting at the office of Dr. M. B. Pearlstien, 309 Hewes street, Brooklyn. A. L. Palmitier, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East 14th street. W. J. Krausl, M. D., secretary.

THE ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the New York County Eclectic Medical Society was held Thursday evening, Nov. 20, 1902, Dr. A. W. Herzog presiding.

Dr. Hans Harris presented a case of a child 11 months old, having frequent convulsions since birth, complete ossification of the fontanelles had taken place about the third month.

Dr. O. A. Hyde read some notes which he had made on this case, and some on similar cases which he had culled from literature.

Dr. Gunning discussed the case, giving his opinion that it was a case on congenital epilepsy.

Dr. C. Lloyd in discussing the case

gave as his opinion that it was caused by the child lying down too much, thus producing pressure on the skull.

Dr. A. W. Herzog also discussed the case.

A vote of thanks was given the doctor for the presentation of the case and reading of notes.

A paper was read by Dr. M. Grant McGinnis on "Forest air in the sick room." It was discussed by Drs. W. J. Krausi, and A. W. Herzog.

A vote of thanks was tendered the doctor for her paper.

The next meeting is to be held Thursday, Dec. 18, 1902, the essayists are to be Drs. S. R. Schultz and W. J. Krausi. This will also be the annual meeting. Election of officers will be held.

H. J. B.

KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Kings County Eclectic Medical Society was held at the office of Dr. M. B. Pearlstien, Monday evening, Nov. 17th, with President Palmitier in the chair.

In the absence of Dr. Wm. I. Louis who was to present a paper on practical topics, the members discussed and reviewed the practice of medicine. It proved to be very instructive as well as interesting.

There being no further business on hand, we adjourned to meet at the office of Dr. M. B. Pearlstien, 309 Hewes street, Monday evening, Dec. 15th, 1902.

M. B. PEARLSTIEN,
Secretary.

SPECIFIC MEDICATION CLUB MEETING.

The regular monthly meeting of the New York Specific Medication Club was held in the college parlors Nov. 13th. Dr. H. Stosser, of Brooklyn, in the chair.

This being the annual meeting there was a very large attendance. The annual report of the Secretary-Treasurer was presented by that officer and showed the Society to be in good financial condition. No debts and a balance in the treasury. He also reported that there had been 18 essays read and 4 clinics presented at the meetings of the club. The report was adopted and ordered placed in full in the minutes.

Dr. W. J. Krausi, of Brooklyn, reported a case of carbolic acid poisoning which he had attended, giving a minute description of the symptoms. Dr. Boskowitz announced the death of Dr. O. Newcomb and moved that a letter of sympathy be sent to his son, Dr. W. H. Newcomb. The Society then proceeded to the election of Secretary-Treasurer and unanimously elected Dr. V. Sillo to that office.

The following were elected to membership: Drs. W. A. J. Schwarz, H. Harris, A. Nettle, M. Wolf, A. L. Kiraly and M. Grant McGinnis. Dr. F. L. Morhard was elected chairman for the next meeting. The Society then adjourned.

H. J. BIRKENHAUER,
Secretary, pro tem.

QUERY DEPARTMENT.

Conducted by
PITTS EDWIN HOWES, M. D.
Boston, Mass.

All communications for this department should be addressed to PITTS EDWIN HOWES, M. D., 703 Washington Street, Dorchester District, Boston, Mass., and must be received by the 25th of the month in order to be answered in the next number of the REVIEW.

F. R. S.—Will you state in the REVIEW, which I read with much pleasure as well as profit, what proportion of obstetrical cases require instrumental delivery?

There are hardly no two authorities in obstetrics who make the same statements in regard to the use of forceps in labor. They vary from one in seven to one in several hundred according to the views of the

writer. I am inclined to believe that the forceps are used many times when a more conservative course would prove of benefit, especially to the mother. There is no doubt that many cases of operative procedure are rendered necessary because of the excessive use of the forceps in child-birth. Where the expectant mother has proper medical treatment during the period in utero and the medical attendant exercises a moderate amount of patience a very large per cent. of labors can be completed, at least 85 per cent. without resort to instrumental delivery. There is not as much attention paid to the treatment of the woman before delivery as there should be upon the part of the attending physician. Our *Materia Medica* is rich in remedies that will aid nature in overcoming the difficulties which modern civilization has imposed upon the child-bearing period. Learn to use *Michella*, *Macrotys*, *Pulsatilla*, *Helenia*, *Caulophyllum*, *Lobelia* and *Gelsemium* and you will not have so much use for your obstetrical forceps, neither will you have so many lacerated perineums and uteri to repair.

C. D. K.—Do you advise the use of ether during labor?

Where the labor is at all tedious or the pains are excessive the administration of ether or chloroform is decidedly beneficial. This applies to the second stage of labor. I usually allow them to inhale the anæsthetic during the presence of the pain and then remove until the next pain appears. By this method your patient does not lose consciousness but it is an easy matter to place her completely under the anæsthetic during the last expulsion pains. The anæsthetic also renders the muscles of the pelvis more relaxed and so lessens the liability to rupture of the perineum. When an anæsthetic is given the shock is less serious and the getting up is not so tedious.

E. J. H.—What are the cough characteristics of *Bryonia*, *Lobelia* and *Sanguinaria*?

I give *Bryonia* when there is considerable pain of a sharp lancinating character, especially in the right lung; *Lobelia* when there is great oppression and difficulty of breathing; *Sanguinaria* when it is almost impossible to raise any phlegm and the cough is hard and dry. Frequently the cough symptoms are better met by a combination of two of the remedies mentioned. Many times it is necessary to add some other indicated remedy to the one directed especially to the cough. In the adaptation of the *Eclectic Materia Medica* to disease there is nothing so essential as *good common sense*.

SELECTIONS.

FORMALDEHYDE.

Formaldehyde or formalin is one of the most useful chemicals introduced to the profession in recent years. It is an aqueous solution of formaldehyde gas—40 per cent. That is the limit of its solubility in water. It is not very irritant, non-toxic and non-corrosive. It is applied in vapor or solution. In surgery it is used in one-fourth to one-half per cent. solution. As a food preservative, one part to one hundred thousand is sufficient. It is very useful to preserve urine for future examination. Two or three drops to an ordinary sized bottle is enough to preserve the urine indefinitely. It will not interfere with any known test. It has supplanted sulphurous acid gas (the product of burning sulphur) in the disinfection of rooms. It is not so dangerous as sulphur, nor so unpleasant. It does not fade wall paper or injure the color or texture of fabrics. It is cheap. There is no danger from fire as with sulphur. It is easily used. It is only necessary to hang up sheets saturated with it and see that the room is tightly closed, and that it remains so for some hours.—*Summary*.

CANCER IN HOLLAND.

Circulars were sent to all the physicians in Holland asking for information in regard to patients under treatment October 15, 1900. Many physicians did not reply to the appeal, and consequently the returns are not complete, but, such as they are, they show that the minimum number of persons affected is .0286 per cent. of the total population, and that the majority of cases occurred between 61 and 70, then from 50 to 60 and from 71 to 80. The intestine was the seat of the lesion in 49.88 per cent.; 275 in men and 163 in women. In 18 per cent. of all cases several members of the family were affected. Van Iterson cites the case of two families with fourteen members, of whom eight are certainly and three probably affected with cancer. Korteweg has observed a case of cancer of the rectum in two sisters and cancer of the mamma in grandmother, mother and daughter. Viet has observed two sisters with cancer of the cervix. A hereditary disposition was apparent in 19.7 per cent. of all cases. Conjugal cancer was noted in 11 cases, and infection of one person by another was admissible in 10.92 per cent.—*Jour. Amer. Med. Association*.

Bromoform and calcium sulphide, rightly used, abort and cure pertussis in a few days.

A saturated solution of potassium permanganate is recommended as an application for burns.

It is claimed that tincture of calendula, in small doses, will cure many cases of incontinence of urine in the aged.

In all catarrhal conditions of the urinary passages stigmata maidis exerts a curative power which is unmistakable.

CANCER INVESTIGATION IN GERMANY.

A supplement to the *Klinisches Jahrbuch*, 1902, gives the report of the German committee for the collective investigation of cancer; 55 per cent. of all regular practitioners have supplied materials to the committee for statistical study, and the report deals with the subject almost entirely from this standpoint. Professor C. Hirschberg has undertaken the analysis and tabulation of the large mass of details collected. The distribution of the disease in both sexes in different districts is first considered, and a table is given which shows graphically the varying prevalence of the disease. This appears to depend directly on the average duration of life in the different districts. Up to the age of 60 female cases preponderate; in the sixth decennial period the sexes provide about an equal number, while in the seventh the female sex again gives the higher number, but to only a slight extent. With regard to the locality of the disease, in men cancer of the stomach stands first with 413 per mille; in women uterine cancer is first with 270 per mille, followed by breast cancer with 243. With regard to the question of marriage, among the older subjects the unmarried are the more numerous, while the opposite condition obtains in the younger cases. The tables do not support some of the commonly held opinions as regards predilection for certain trades and occupations; workers in chemical factories and chimney sweeps, for instance, are not shown to contract the disease specially frequently. Different types of cancer do, however, seem to preponderate among different classes. Those engaged in agricultural pursuits provide cases of skin cancer in number much above the average, and the timber trade gives a proportionately high number of cases of cancer of glands and glandular

organs. Cancer of the urinary organs is specially common among the well-to-do. The difficult question of heredity, transmission and predisposition is also dealt with. In only 17 per cent. was a probability traceable of some hereditary taint; infection was suspected in 435 cases, chiefly among the married and among attendants on patients suffering from the disease. Behla's opinion as to the preponderance of the disease in houses with damp foundations and cellars is confirmed; the apparent importance of alcohol, tobacco, syphilis, injuries and abortion is shown in tabular form, and it would seem that acid wines and cider give rise to a predisposition to gastric cancer. The use of chemic manures seems to predispose the inhabitants of the district to cancer of the stomach. These questions of predisposition are, of course, not capable of being treated in any exact way, and at the most they are only suggestions.—*British Medical Journal*.

Eryngium is indicated when there is a frequent desire to urinate, with a burning pain in the urethra or bladder.

Viburnum is efficacious in dysmenorrhea of whatever character. It is safe and reliable in after-pains, promoting involution.

Collinsonia is an excellent remedy for chronic laryngeal troubles, and also efficacious in varicose veins and hemorrhoids.

VEGETABLES AS MEDICINE.

Asparagus is very cooling and easily digested.

Cabbag, cauliflower, Brussels sprouts and broccoli are cooling, nutritive, laxative and purifying to the blood, as a tonic;

but should not be eaten too freely by delicate persons.

Celery is delicious cooked, and good for rheumatic and gouty people.

Lettuces are very wholesome. They are slightly narcotic, and lull and calm the mind.

Spinach is particularly good for rheumatism and gout, and also in kidney diseases.

Onions are good for chest ailments and colds, but do not agree with all.

Watercresses are an excellent tonic, stomachic and cooling.

Beet root is very cooling and highly nutritious, owing to the amount of sugar it contains.

Parsley is cooling and purifying.

Turnip tops are invaluable when young and tender.

Green neute shoots, if gathered in spring and cooked as spinach, form a most delicate and wholesome, blood-purifying vegetable.

Potatoes, parsnips, carrots, turnips and artichokes are highly nutritious, but not so diestible as some vegetables. Potatoes are the most nourishing, and are fattening for nervous people.

Tomatoes are health-giving and purifying, either eaten raw or cooked.

Chili, cayenne, horse-radish and mustard should be used sparingly. They give a zest to the appetite, and are valuable stomachics. Radishes are the same, but are indigestible, and should not be eaten by delicate people.

Cucumbers are cooling, but are indigestible to many.—*Public Health Journal*.

Tonga, fluid extract, in doses of ten drops to a dram, is very useful in neuralgic affections of the cranial nerves.

The effects of the bromides are increased by occasional purges; about once in four or five weeks being sufficient.

EARLY SYMPTOMS OF PULMONARY TUBERCULOSIS.

Dr. G. C. Johnston considers the following symptoms suspicious. In the order of their importance they are:

1. Cough.—A slight, hacking, persistent cough, which can be referred to the larynx or upper trachea. It is worse at night or upon lying down. There is little or no expectoration.

2. A Failing Appetite.—There is a repugnance for fatty foods and some degree of indigestion.

3. Loss of Weight.—Patient is a few pounds below his average weight.

4. Sleep Sweats.—Upon lying down, day or night, the patient awakes with the neck and upper chest bathed in a warm or cold perspiration.

5. Accelerated pulse.—A pulse of 90 to 100, which is quick, irritable, and ill sustained.

6. Elevation of temperature.—This is an unobtrusive symptom, but is of the highest importance. When a case of beginning tuberculosis is suspected, a temperature record at 2:30 P. M. on several successive days should be insisted upon. A temperature elevation of 1 deg. F. is a symptom that must be accounted for absolutely by some other condition, or tuberculosis must be suspected and confirmatory symptoms searched for.

7. Fistula in Ano.—When syphilis is eliminated, this condition calls for a careful examination of the chest.

8. Pleurisy with Effusion.—A history of pleurisy with effusion in a patient who complains of any of the above-mentioned symptoms is important.—*Am. Medicine*.

Dr. W. Cuthbertson has given hydrastis, in doses of one-half grain of the dry extract, three times a day, after meals, in twenty-five cases of goiter of puberty and pregnancy, a cure resulting in each case.

EARLY DIAGNOSIS OF TUBERCULOSIS.

Relative to this matter, Dr. H. P. Loomis says: "The physician should never neglect to listen at the root of the lungs where the smaller bronchi are given off. It is in the smaller bronchi that the tuberculous processes usually begin. Auscultation of the root of the lung may be practised to best advantage by having the patient put the palm of his hand on the opposite shoulder. This raises the scapula and exposes a portion of the lung that is so often affected in incipient cases of tuberculosis, before other parts show any sign of the affection. Physical signs will often be found here before bacilli occur in the sputum.—*Summary*."

Passiflora has been used very successfully in the treatment of epilepsy.

Iron and quinine are generally injurious to epileptics, except in cases of anemia, malaria or chlorosis.

Apiol, the active principle of parsley, administered in five-minim doses in capsules, is used to advantage in amenorrhea and dysmenorrhea.

Chaulmoogra oil from the seeds of the *Gynocardia odorata*, is of value in doses of ten to thirty minims, in leprosy, psoriasis, syphilis and eczema.

Echinacea is recommended by Dr. T. C. Irwin of Jacksonville, Fla., in the treatment of old ulcers, benign and malignant, and varicose ulcers of the leg.

The effects of tobacco on mind and body are of perennial interest to all interested in the health of others. Among recent adverse criticisms of the use of tobacco that of Seaver, in the *Medical Examiner and Practitioner*, June, 102, director of phy-

sical culture at Yale University, is evidently based upon careful observation. He finds by a tabulation of records of the measurements of all the students taken in the Yale gymnasium during nine years that the smokers average 15 months older than nonsmokers, and that their size in every respect, except weight, was inferior. The height of the nonsmokers was seven millimeters greater; their lung capacity 80 cc. greater and their weight was only 1.4 kilograms less, though over a year younger. The observed rate of growth at this age would lead us to expect that the smokers would surpass the nonsmokers by two millimeters in height and 100 cc. in lung capacity. To estimate the effect of tobacco when they reach full maturity on boys from 16 to 25 a comparison was made of the men of one class which was divided into three groups, the first not using tobacco, the second using it regularly, and the third using it irregularly. During undergraduate life, essentially 3.5 years, the first group grows in weight 10.4% more than the second and 6.6% more than the third; in height the first group grows 24% more than the second and 11% more than the third; in girth of chest the first group grows 26.7% more than the second and 22% more than the third; in capacity of lungs the first group gains 77% more than the second and 49.5% more than the third. Seaver refers to the observations made by Dr. Hitchcock, of Amherst College, in a similar series of measurements of young men, no doubt suggesting to Seaver the possible value of such studies. It is impossible to determine the effect of tobacco on mental processes, but as giving some indication Seaver mentions that only 5% of the highest scholarship men at Yale used tobacco, and whenever it is desired to secure the highest possible physical and mental working ability, for example, in athletic sports, tobacco is one of the first things forbidden. If the whole period

of physical growth is divided into periods of seven or eight years the third period is devoted to rounding out. At this time most strenuous mental application is begun and opportunities for outdoor recreation are curtailed; at this period also the tobacco habit is usually begun, if at all. As a large part of the functional activity during this rounding-out period pertains to growth, Seaver believes that it is logical to remove the motor depressant influences in order that there may be the greatest possible increase in size and improved activity. This position has been taken by the directors of governmental schools not only in this country but in Europe. Many private schools have been following their example during the past ten years and Seaver suggests that other institutions would do well to also take this step.

It is generally conceded that tobacco is distinctly harmful during the growing period. As to its effect in adults there is a good deal of difference of opinion. Experimental physiologic studies are unsatisfactory and definite information such as is furnished by this series of measurements would be difficult to obtain. We have no reason to think otherwise than that Hitchcock and Seaver are perfectly unprejudiced and truthful in presenting the results of their records. The remedy is another matter, but steps taken in higher public schools would probably have a great influence in lessening the amount of tobacco used.—*Am. Medicine.*

Calcium iodide is a prompt and powerful solvent of inflammatory exudates, a fact on which its chief usefulness as a remedy depends.

Dr. Edmund Andrews recommends rectal irrigation with hot water, by means of a hard rubber rectal tube with attachments of soft rubber tubing, for pruritus ani.

DR. LORENZ SECURES MEDICAL LICENSE.

Dr. Lorenz, of Vienna, recently appeared before the Illinois State Board of Health, and after an examination by that body, obtained a license to practise medicine in Illinois. This action was the outcome of the fact that Dr. Lorenz had been besieged by numerous appeals to operate for congenital luxation of the hips, the operation which he came to Chicago to perform on a little girl, and as it was understood that the doctor intended to continue in practice for some time in the city, it was deemed necessary that he should conform with the State laws and secure a license.

Œnanthe crocata has been extolled as a cure for epilepsy. The dose is small, three to five drops in two ounces of water, and administer a teaspoonful three or four times a day.

Thuja occidentalis, a dram to an ounce of warm water, administered in an injection, two ounces at a time, is a valuable remedy for hydrocele after draining off the fluid therefrom.

Rhus toxicodendron is indicated where there is intense redness of local areas, with active inflammation of the integument and superficial tissues. It is said to be a specific in acute erysipelas.

Hemorrhage from nearly any cause, if capillary, is best treated with calcium hypophosphite, ten grains every two to four hours, after all possible is done by mechanical means.

Much of the gelsemium on the market is inert. Great care must be taken to secure a reliable article. The green root tinctures, or assayed fluid extract, can generally be depended upon.

BOOK REVIEWS.

Practical Dietetics—Food Value of Meats. By W. R. C. Laston, M. D., Editor of *Health Culture etc.* The Health Culture Co. Publisher, 503 Fifth Ave., New York.

This little book of about seventy-five pages is full of practical information, written in a concise, forcible and entertaining manner and is very well illustrated. The price brings it within the reach of all. In cloth, fifty cents.

The Attainment of Womanly Beauty of Form and Features. The Cultivation of Personal Beauty, Based on Hygiene and Health Culture, by Twenty Physicians and Specialists. Edited by Albert Turner. The Health Culture Co. publishers, 481 Fifth Ave.

This is an interesting volume and is profusely illustrated with the various forms of exercise, for physical development, showing the right and wrong postures of woman—as for example climbing stairs, sweeping, etc. It contains an appendix entitled "Hints in Health Culture," by Albert Turner, which is well worth the price of the book. A good Christmas present.

Transactions of the Ohio State Medical Association for the year 1902, including the proceedings of the Thirty-Eighth Annual Meeting held at Put-In-Bay, July 15th-17th, 1902, together with the reports, papers and essays furnished for the several sections. Edited by the committee on publication.

The annual publication of the Ohio State Society is a volume of nearly two-hundred pages recording a most successful meeting at which many very interesting papers were read and discussed.

The papers cover a variety of subjects

many of the authors being of national reputation. It also contains a digest of the medical laws of the various States which adds much value to the book.

The publishing committee Drs. Mundy, Taylor and Scudder are to be congratulated on this neat volume.

Transactions of the National Eclectic Medical Association of the United States of America for the year ending June 9th, 1902, including the proceedings of the Thirty-Second Annual Meeting, held at Milwaukee, Wis., June 1902, together with the addresses, reports, papers and essays presented before the several sections in their sittings. Edited by Finley Ellingwood, M. D., Secretary. Volume XXX.

We were very glad indeed to receive this volume, which, by the way, is one of the best the Society has ever published.

President Johnson can feel very proud of this record of his meeting, and our thanks are due to Secretary Ellingwood for the careful manner in which he has conducted his editorial work. The book is divided into three parts.

In part one are the addresses and the prize essay written by Dr. Turner of Ohio. This essay and the Secretary's address or report make fine companion papers, and should be in the possession of every Eclectic in the country.

Part two is devoted to essays and their discussion, report of section work, etc., and contains much valuable information.

Part three contains the minutes of the meeting together with the constitution, by-laws, list of members, etc.

ITEMS AND PUBLISHER'S NOTES.

The sympathy of college friends is extended to Dr. William H. Newcomb, whose father Dr. O. Newcomb passed away in the early part of November.

Royal E. S. Hayes, M. D., of Hazardville, and Miss Marian Martha Phillips, of Bloomfield, were married Nov. 12th.

Under the auspices of the Beachonian Society, Prof. Josephus H. Gunning delivered his first lecture in the course on "Evolution" Saturday evening, Nov. 29. It was most interesting and instructive. These lectures will be delivered on the last Saturday of each month. Alumni and friends are invited.

If you have not tried Bovinine send to 75 West Houston St. for samples.

Waite and Bartlett Manufacturing Co. have removed their laboratory and sales room to 23rd street between 3rd and 2nd avenues.

The attention of the readers is called to Fairchild Brothers and Foster's advertisement of Panopepton. Having used this article for several years we gladly endorse all they say about it.

For mild mental and nervous troubles "Grey Towers" at Stamford, Conn., will be found a most excellent retreat.

On the 17th of December at the Teutonia Assembly rooms, 144 East 16th street, the Beachonian Society (Students' Society) will give their first annual reception and ball, the proceeds of which is to be used for furnishing room for the Society in the new college building.

A good time is anticipated and all friends are invited to attend.

The portable electric lights made by the Electric Contract Company, of 53 Maiden Lane, New York City, are particularly

well adapted for office use. Send for catalogue.

Many fine reports are received from physicians who have used Bioplasm (Bower). Send to the Company at 1135 Broadway, for samples.

If in need of a new sign send to Lincoln and Luchesi, 143-145 East 23rd street. They make them of every description.

An order for Fyfe's Essentials of modern Materia Medica and Therapeutics will make an excellent Christmas gift for practitioners or students. Orders can be left with the clerk at the college.

Your attention is called to the new French preparation "Gomenol." Write to Charles R. Bard, 81 Fulton street, for literature and samples.

Write to No. 1 Madison ave. for Hughes Quarterly for information in regard to Tables, Cabinets, etc.

Write to the Wm. S. Merrell Chemical Co. for their book of Therapy and doses of 125 Normal Trinctures. It is valuable and instructive.

The attention of our readers is called to H. K. Mulford and Co.'s advertisement. They make many specialties as also a full line of general pharmaceutical preparations. Write for price list, mentioning the Review.

Parke-Davis & Co. will be glad to send you literature on Serums and Vaccines. In writing them, mention the Review.

This is a good time to send in your subscription for 1903.

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS.

Public Lectures on Scientific Subjects.

The following lectures on scientific subjects of interest to students and teachers of medicine, will be given by officers of Columbia University. On successive Wednesdays, at five o'clock, in the Lower Lecture Hall, College of Physicians and Surgeons, entrance at 437 West 59th street.

Admission is without ticket up to the limit of the Lecture Hall.

No. 5. Franz Boas, Ph. D., Professor of Anthropology Growth of Children (illustrated).

Nov. 12. Edward Lee Thorndike, Ph. D., Adjunct Professor of Genetic Psychology in Teachers College. The Inheritance of Mental Traits.

Nov. 19. Amadeus W. Grabau, S. D., Adjunct Professor of Palæontology. Illustrations of the law of Tachygenesis, or "acceleration in development" (illustrated).

Nov. 26. Bashford Dean, Ph. D. Adjunct Professor of Zoology. The beginnings of certain characteristic structures of man.

Dec. 3. Edmund B. Wilson, Ph. D. LL. D. Professor of Zoology. The Phenomena of Cell Division in Relation to some Problems of Biology and Medicine (illustrated).

Dec. 10. Lucien Marcus Underwood, Ph. D., Professor of Botany. The relation of Botany to Materia Medica.

Dec. 17. Livingston Farrand, A. M. M. D., Adjunct Professor of Psychology. Nervous and Mental Diseases among Savage Races.

Jan. 7. J. Livingston Rutgers Morgan,

Ph. D., Adjunct Professor of Physical Chemistry. Osmotic Pressure and Ionization (illustrated).

Jan. 14. Edmund Howd Miller, Ph. D., Adjunct Professor of Analytical Chemistry. Some Analytical Applications of Ionization.

Jan. 21. Marston Taylor Bogert, A. B., Ph. B., Adjunct Professor of Organic Chemistry. Synthetic Organic Medicaments.

Jan. 28. James McKeen Cattell, Ph.D., Professor of Psychology. Physical and mental fatigue.

Feb. 4. James Furman Kemp, A. B., E. M., Professor of Geology. Geological Factors in Problems of Water Supply (illustrated).

Feb. 11. Richard Elwood Dodge, A. M., Professor of Geography in Teachers College. The Weather Phenomena of the Eastern United States in their Relation to Bodily Health (illustrated).

Feb. 18. Gary N. Calkins, Ph. D., Instructor in Zoology. The Protozoa in Relation to Modern Problems in Biology.

Feb. 25. Henry Fairfield Osborn, Sc. D., LL. D., Da Costa, Professor of Zoology. Methods of Exploration for Fossils Mammals and Reptiles in the Rocky Mountain Region (illustrated).

Mar. 4. Frank Leo Tufts, Ph. D. Tutor in Physics. Some Recent Researches on the Relation of Electricity to Matter (illustrated).

Mar. 11. William Hallock, Ph. D., Professor of Physics. Some Phenomena of the Molecular Mechanics of Liquids (illustrated).

Mar. 18. Franklin Henry Giddings, Ph. D., LL. D., Professor of Biology. Vital Statistics (illustrated).

Mar. 25. Henry E. Crampton, Ph. D., Adjunct Professor of Zoology. The Problems and Results of Experimental Embryology (illustrated).

Apr. 1. Alexander P. Anderson, Ph. D.,

Formerly Curator of the Herbarium Starch, its properties and uses (illustrated).

F. P. KEPPEL,

Secretary of the University.

SUMMARY.

Dr. Boynton states that calcium sulphide, one-half grain every one to three hours, is an important factor in the treatment of endocarditis.

Apocynum cannabinum in seven-drop doses, three times a day, the dose slightly increased, completely cured a case of chronic Bright's disease.

Mostozenas and catarrhal discharges are readily relieved by the exhibition of berberis. If the Highmorean antrum is implicated, relief is prompt if the remedy is administered in full doses.

In dyspnea from heart troubles and also from causes obscure—not quickly determined, quebracho in doses of from ten to twenty minims of the fluid extract will often give immediate relief.

Dr. Elliott reports a case of morning sickness of pregnancy in which five drops of the tincture of iodine in a teaspoonful of sweetened water was given. The effect was magical—the vomiting ceased at once.

A non-alcoholic extract of thuja, a dram to three drams of vaseline, applied with a camel's hair brush to the conjunctiva, is of great utility in the treatment of trachoma. Locally applied in full strength to venereal condylomata, syphilitic sore throat and phagadenic ulceration; internally and locally for warty growths. Injected into uterine fibroids it produces atrophy of their tissue.

